

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-025129

ED VS JUN 29 1960

318

Primary Registration District No. 1003

Registrar's No. 5422

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri		Length of stay in 1b		c. CITY OR TOWN Riverview		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION De Paul Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 345 Shepley Drive		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Sister Mary Stanislaus Wroblewska			4. DATE OF DEATH Month Day Year May 22 1960				
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/7/1887	9. AGE (last birthday) 72	IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Primary Teacher		10b. KIND OF BUSINESS OR INDUSTRY Franciscan Convent		11. BIRTHPLACE (City and state or country) Portsheitin, W. Prussia		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Anthony Wroblewski		13b. MOTHER'S MAIDEN NAME Maryanna Prejs		14. NAME OF HUSBAND OR WIFE Never Married			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Mother M. Constance, 201 Brotherton Lane			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>azotemia, uremia,</i> DUE TO (b) <i>Hypertensive + arteriosclerotic Vasculardis</i> DUE TO (c) <i>arteriolar nephrosclerosis</i>						INTERVAL BETWEEN ONSET AND DEATH <i>5 years</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) <i>446x</i>				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N. <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <i>1957</i> to <i>May 22, 60</i> and last saw ^{her} him alive on <i>May 21 1960</i> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Charles K. Holdbrook, MD</i>			22b. ADDRESS <i>9901 Diamond Dr.</i>		22c. DATE SIGNED <i>5/24/60</i>		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 25, 1960	23c. NAME OF CEMETERY OR CREMATORY Villa St. Joseph Cemetery Ferguson		23d. LOCATION (City, town, or county) Missouri		(State)	
24. FUNERAL DIRECTOR Central Funeral Home, 1841 Cass Avenue		25. DATE RECD. BY LOCAL REG. MAY 24 1960		26. REGISTRAR'S SIGNATURE <i>Loan Smith, M.D.</i> <i>mjs</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

J. M. Rister

Licensed Embalmer No. 3980

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.