

FILED MAY 4 1961

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STATE FILE NUMBER

15639

AMENDED

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis Mo</i>		a. STATE <i>Mo.</i>	b. COUNTY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Homer G. Phillips</i>		c. CITY OR TOWN <i>St. Louis</i>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
Length of stay in lb		d. STREET ADDRESS (If outside, give location) <i>3650 Cottage</i>	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First <i>LADONNA</i>	Middle <i>SILINSKY</i>	Last	Month <i>4</i>	Day <i>20</i>
			Year <i>61</i>	

5. SEX <i>FEMALE</i>	6. COLOR OR RACE <i>C</i>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>July 7-58</i>	9. AGE (last birthday) <i>2</i>	IF UNDER 1 YEAR Months <i>9</i> Days	IF UNDER 24 HR Hours <i>16</i> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>St Louis MO</i>	12. CITIZEN OF WHAT COUNTRY <i>USA</i>
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13a. FATHER'S NAME <i>Jerry Waffard</i>	13b. MOTHER'S MAIDEN NAME <i>Berice SILINSKY</i>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT <i>Berice Silinsky</i>	Address <i>3650 Cottage</i>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <i>Bronchial Pneumonia; CONTRIB: Part thickness burns of chin, chest, abdomen and thighs (40%); suffered when clothing caught fire in home on April 13th, 1961</i>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	<i>916.0-16</i>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <i>See Above</i>
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20c. TIME OF INJURY Hour <i>11</i> a.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>At Home</i>	20f. CITY, TOWN, OR LOCATION <i>St. Louis, Mo.</i>	COUNTY	STATE
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21. I attended the deceased from _____ to _____ and last saw him alive on _____
Death occurred at *11:00 A.M.* on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Paul Simon</i>	(Deputy) <i>Coroner</i>	22b. ADDRESS <i>300 Clark</i>	22c. DATE SIGNED <i>4/24/61</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>buried</i>	23b. DATE <i>4-28-61</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Greenwood Cem.</i>	23d. LOCATION (City, town, or county) <i>St. Louis Co., Mo.</i>
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24. FUNERAL DIRECTOR <i>Richardson</i>	ADDRESS <i>2625 Glasgow</i>	25. DATE RECD. BY LOCAL REG. <i>APR 27 1961</i>	26. REGISTRAR'S SIGNATURE <i>Earl Smith M.D.</i>
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DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

COPY OF MR BELL

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

P. Richardson

Licensed Embalmer No. 2928

P. O. Address City

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.