

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-022447
STATE FILE NUMBER

318

1003

5298

DO NOT WRITE ON THIS STUB

AMENDED

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

FILED MAY 27 1963

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

ITEM NO. SHOULD READ

1. PLACE OF DEATH a. COUNTY Missouri,		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri, b. COUNTY _____	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis,		c. CITY OR TOWN St. Louis,	
Length of stay in 1b _____		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) The Edgewater		d. STREET ADDRESS (If outside, give location) 4125 Louisiana Ave.,	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Elizabeth Lillian Wrobel			4. DATE OF DEATH Month Day Year May 15, 1963
5. SEX Female.	6. COLOR OR RACE White,	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/8/1877
9. AGE (last birthday) 85		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home,		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and state or country) St. Louis, Missouri,
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Henry Schmucker,	
14. MOTHER'S MAIDEN NAME Mary Hannegan		15. NAME OF HUSBAND OR WIFE Frank J. Wrobel, (Dec'd.)	
16. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT Address Mrs. Celeste W. Eike, 4125 Louisiana Ave.,	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebrovascular Accident			INTERVAL BETWEEN ONSET AND DEATH 6 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease			10 years
DUE TO (c) Hypertensive Heart Disease			10 years
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. 443 x <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 11/4/53 to 5/15/63 and last saw her ^{him} alive on 5/15/63 Death occurred at 2:15 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Walter J. Schumbl.</i>		22b. ADDRESS 4417 Dahlia Ave	
22c. DATE SIGNED 5-17-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial.		23b. DATE 5/18/63	
23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery,		23d. LOCATION (City, town, or county) St. Louis, Missouri.	
24. FUNERAL DIRECTOR ADDRESS Gebken-Benz Mortuary, 2842 Maramec St., St. Louis, Mo.		25. DATE RECD. BY LOCAL REG. MAY 17 1963	
26. REGISTRAR'S SIGNATURE <i>Coald Smith, M.P.</i>			

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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 me Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Joe E. Benz

Licensed Embalmer No. 1249

2842 Meramec St.,

P. O. Address St. Louis, 18, Mo.

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.