

FILED JUN 4 1943 8  
Registration District No. \_\_\_\_\_

Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County..... **St. Louis, Missouri**

(b) City or town..... **St. Louis, Missouri**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**City Hospital 0**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **6 days**  
(Specify whether)

In this community..... **Life**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **000**

(c) City or town..... **St. Louis,** **1723**  
(If outside city or town limits, write "RURAL")

(d) Street No..... **2347 Whittemore Pl. 7**  
(If rural, give location)

(e) Citizen of foreign country? **--** **D** (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **Valentine G. Wodraska**

3. (b) If veteran, name war..... **No**

3. (c) Social Security No..... **No**

4. Sex..... **Male 0**

5. Color or race..... **White**

6. (a) Single, widowed, married, divorced..... **Widowed**

6. (b) Name of husband or wife..... **Josephine Wodraska**

6. (c) Age of husband or wife if alive..... **1, 1869** years  
(Month) (Day) (Year)

7. Birth date of deceased..... **December 1, 1869**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>73</b>	<b>5</b>	<b>16</b>	hr. min.

9. Birthplace..... **St. Louis, Missouri 0**  
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Retired**

11. Industry or business.....

12. Name..... **Ignatz Wodraska 4**

13. Birthplace..... **Austria**  
(City, town, or county) (State or foreign country)

14. Maiden name..... **Marie**

15. Birthplace..... **Austria 4**  
(City, town, or county) (State or foreign country)

16. (a) Informant..... **C. H. Wodraska**

(b) Address..... **2105 Eastern Ave., Covington, La.**

17. (a) **Burial**  
(Burial, cremation, or removal)

(b) Date thereof..... **5 19 43**  
(Month) (Day) (Year)

(c) Place: burial or cremation..... **Old SS Peter & Paul Cem.**

18. (a) Signature of funeral director..... **J. F. Madecor**

(b) Address..... **3634 Gravois Avenue**

19. (a) **MAY 19 1943**  
(Date received local registrar)

(b) **J. F. Madecor**  
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **17**  
year **1943** hour **2** minute **00** A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h..... alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Ischemic Regurgitation Cardiac Hypertrophy**

Due to.....

Due to.....

Other conditions..... **92**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy.....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence..... **Kent.**

(c) Where did injury occur?.....  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work?.....  
(Specify type of place) (e) Means of injury.....

23. Signature..... **Thomas J. Callahan 2** (M. D. or other)  
Address..... **Deputy Coroner** Date signed..... **5-19-43**

**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Robert C. Wheeler*

Licensed Embalmer No.....

*2128*

P. O. Address:.....

*107 Laurel 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 this body is not embalmed, fact should be so stated above.**