

No. 2
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-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

20436
State File No. 5691
Registrar's No.

FILED JUL 8 1944 318
Registration District No.

Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County.....
(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:
1008 Rutger Str.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County.....
(c) City or town... St. Louis.
(If outside city or town limits, write "RURAL")
(d) Street No... 1008 Rutger Str.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Frank Wladyka

3. (b) If veteran, name war... NO 3. (c) Social Security No.....

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife... Tillie 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased Unknown about 1892
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 52 Unknown hr. min.

9. Birthplace Russia (City, town, or county) (State or foreign country)

10. Usual occupation Railroad A R T

11. Industry or business.....

12. Name Unknown

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

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Tillie Wladyka
(b) Address 1008 Rutger Str.

17. (a) Burial (b) Date thereof 6/23/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New S. S. Peter Paul.

18. (a) Signature of funeral director W. E. Howell

(b) Address 1916 Allen Ave.

19. (a) JUN 24 1944 (Date received local registrar) J. F. Buech (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21
year 1944 hour 10 minute P. M.

21. I hereby certify that I attended the deceased from May 8
1944 to June 21, 1944
that I last saw him alive on June 21, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of transverse colon

Due to.....
Due to..... Ht
Other conditions (Include pregnancy within 3 months of death)

Major findings: Ca of transverse
Colon & metastasis
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.....
(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?

(Specify type of place) (e) Means of injury.....

23. Signature Ronald Weir (M. D. or other) Mo Pad Hospital
Address Mo Pad Hospital Date signed 6/23/44

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
....., Registered Apprentice No. 0
working under my personal supervision,

Signed David M. Davis

Licensed Embalmer No. 3741

P.O. Address 1926 Allen A

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.