

V. S. No. 2  
100M-5-43  
Rev. 5-17-39  
I X36671

UNITED STATES DEPARTMENT OF HEALTH, EDUCATION AND WELFARE  
STANDARD CERTIFICATE OF DEATH

State File No. **6992**  
Registrar's No. **329**

**FILED FEB 11 1946**  
Registration District No. **517**

Primary Registration District No. **3069**

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

5943

**1. PLACE OF DEATH:**

(a) County St. Louis

(b) City or town Richmond Heights  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
St. Mary's Hospital 0  
(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

**3. (a) PRINT FULL NAME** Augusta Filla

**3. (b) If veteran,** \_\_\_\_\_ **3. (c) Social Security** \_\_\_\_\_  
name war No. No. None

**4. Sex** Female **5. Color or** White **6. (a) Single, widowed, married,** \_\_\_\_\_  
race White divorced Married

**6. (b) Name of husband or wife** Constantine P. Filla **6. (c) Age of husband or wife if** \_\_\_\_\_  
alive 61 years

**7. Birth date of deceased** Mar. 23, 1887  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>8</u>	<u>12</u>	hr. _____ min. _____

**9. Birthplace** \_\_\_\_\_  
(City, town, or county) Poland 4  
(State or foreign country)

**10. Usual occupation** Housewife

**11. Industry or business** \_\_\_\_\_

**MOTHER FATHER** { **12. Name** Mathew Wesolowski

{ **13. Birthplace** Poland 4  
(City, town, or county) (State or foreign country)

{ **14. Maiden name** Anna Ellert

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

**16. (a) Informant** Constantine P. Filla

**(b) Address** 6254 Olive St. Road

**17. (a) Burial** \_\_\_\_\_ **(b) Date thereof** 2 7 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** Calvary Cem.

**18. (a) Signature of funeral director** Jos. W. Clark

**(b) Address** 1125 Hodiament Ave.

**19. (a) 2-8-46** **(b) E. J. M. Sarantinos**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County St. Louis 9/6

(c) City or town University City 3  
(If outside city or town limits, write "RURAL")

(d) Street No. 6254 Olive St. Road 5  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) \_\_\_\_\_  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month Feb. day 5  
year 1946 hour 11.40 minute A.M.

**21. I hereby certify that I attended the deceased from** 2-3, 1946 to 2-5, 1946  
that I last saw her alive on 2-5, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage **Duration** 10 days

Due to Hypertens. Vasc. Disease ?

Due to 83 a 1

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

**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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(c) Means of injury Car

**23. Signature** Ralph Weisell (M. D. or other) \_\_\_\_\_  
Address 3720 Washington Date signed 2/6/46

Dr. Ralph A., Kinsella  
3720 Washington Blvd.,

**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.....

*Alfred J. Boedecker*

Licensed Embalmer No.....2663

P. O. Address.....1125 Hodiamont Ave.,

**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.**