S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 14 1941

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11730

Primary Registration District No. 1003

Registrar's No. 3551

1. PLACE OF DEATH:

(a) County: St. Louis

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

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

(d) Length of stay: In hospital or institution 3 (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: ~~St Louis~~

(c) City or town: St. Louis 614 Ste. Ave.
(If outside city or town limits, write "RURAL")

(d) Street No. 1805 So. 14 St.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: PEARL Wysocki

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

3. (c) Social Security No. 486-28-3659

4. Sex: Female

5. Color or race: White

6. (a) ~~Single, widowed, married,~~ divorced: DIVORCED

6. (b) Name of husband or wife: DENE

6. (c) Age of husband or wife if alive: 50 years

7. Birth date of deceased: Feb (Month) 21 (Day) 1886 (Year)

8. AGE: Years 61 Months 1 Days 12 If less than one day hr. min.

9. Birthplace: BIRMINGHAM (City, town, or county) ALA (State or foreign country)

10. Usual occupation: MAID

11. Industry or business: City Hospital

FATHER
12. Name: Unknown
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: SUSIE EVITT
15. Birthplace: BIRMINGHAM (City, town, or county) ALA (State or foreign country)

16. (a) Informant: Anna Belle Dewandel
(b) Address: 1926 Clark Ave

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-3-41 (Month) (Day) (Year)
(c) Place: burial or cremation: E. St. Louis Ill.

18. (a) Signature of funeral director: Harry Robins
(b) Address: E. St. Louis Ill.

19. (a) APR 3 1941 (Date received local registrar) (b) J. F. Breneck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2 year 1941 hour 10 minute 55 P.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: Asphyxia
Contributed to by: Compound Fracture of left leg when struck by a truck
Due to: Accident which occurred while not stepping around
Due to: 10:55 P.M. April 2 1941
Other conditions (Include pregnancy within 3 months of death): The intoxication of Manson J. Lafayette
Major findings: Of operation: Formal autopsy at the morgue or Gordon Arthur
Of autopsy: Gerry

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): Accident
(b) Date of occurrence: April 2, 1941
(c) Where did injury occur? St. Louis (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Street (Specify type of place)
While at work? (e) Means of injury: Auto

23. Signature: Patrick E. Taylor Jr. (M. D. or other)
Address: Deputy Coroner Date signed 4-3-41

(Licensed Embalmer's Statement on Reverse Side)

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 Frank Prokopf

Licensed Embalmer No. 4356

P. O. Address St. Louis, 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.