S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30012

FILED SEP 2 1947

Registration District No. 377

Primary Registration District No. 6076

Registrar's No. 1791

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Manchester Nursing Home (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 months (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town Saint Louis (If outside city or town limits, write "RURAL") 17

(d) Street No. 3235 Itaska (If rural, give location) 9

(e) Citizen of foreign country? No (Yes or No) 6

If yes, name country

3. (a) PRINT FULL NAME Ellenora Wodraska

3. (b) If veteran, name war -----

3. (c) Social Security No.

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Anthony

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

7. Birth date of deceased August (Month) 20th (Day) 1891 (Year)

8. AGE: Years 55 Months 11 Days 26 If less than one day hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Frank Knebel 9
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Anthony Wodraska

(b) Address 3235 Itaska, St. Louis, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8/20/47 (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection Cemetery

18. (a) Signature of funeral director Wacker-Helderle U & L Co.

(b) Address 3634 Gravois, St. Louis, Mo.

19. (a) 8-21-47 (Date received local registrar) (b) Cecila J Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 16th year 1947 hour 11 minute 05 p. M.

21. I hereby certify that I attended the deceased from July 1, 1947, to Aug 16, 1947, that I last saw her alive on Aug 16, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: acute cardiac failure	sudden
Due to: Chr. myocarditis	
Due to: Previous rt. hemiplegia	5 yrs
Other conditions (Include pregnancy within 3 months of death) 93d	

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause of 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)

While at work? (e) Means of injury 0

23. Signature C H Denny (M. D. or other) MD

Address Creve Coeur, Mo. Date signed 8-18-47

Jefferson City Printing Co.

(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 Robert C Wheeler

Licensed Embalmer No. 2178

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.