

FILED JUL 30 1949

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH 1003

State File No. 25385  
Registrar's No. 5719

318

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. 5719	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. _____ b. COUNTY 000			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute City Hospital 3				d. STREET ADDRESS (If rural, give location) 15 4730a Minnesota Ave. 0			
3. NAME OF DECEASED (Type or Print) a. (First) WALTER b. (Middle) (WALSH) WASIELEWSKI c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) June 30 1949				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 29, 1901	
9. AGE (in years last birthday) 47		10. IF UNDER 1 YEAR Months 6 Days 1		11. IF UNDER 1 HRS. Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) Mo. 12. CITIZEN OF WHAT COUNTRY? _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith Helper			10b. KIND OF BUSINESS OR INDUSTRY Laclede Christy Clay Co.		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? _____
13a. FATHER'S NAME Andrew Wasielewski			13b. MOTHER'S MAIDEN NAME Mary Wallenberg			14. NAME OF HUSBAND OR WIFE Anna Wasielewski	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Anna Wasielewski 4730a Minnesota Ave		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 1. Internal hemorrhage, 2. Fracture of Skull, 3. Ruptured Heart, suffered about 4:08 P.M., June 30, 1949, while DUE TO (b) working at Laclede Christy Clay Products, 5900 Manchester Avenue, when DUE TO (c) mising machine was turned on while deceased was working in same. ACCIDENT.					INTERVAL BETWEEN ONSET AND DEATH _____
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT (Specify) Suicidal Homicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Factory		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo. Mo.		21d. TIME (Month) (Day) (Year) (Hour) June 30 1949 p.m. 4:08	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>
21d. TIME (Month) (Day) (Year) (Hour) June 30 1949 p.m. 4:08		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____		21f. HOW DID INJURY OCCUR? _____	21f. HOW DID INJURY OCCUR? _____
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
22a. SIGNATURE Patrick J. Taylor Esq.				22b. ADDRESS 1300 Clark		22c. DATE SIGNED 7-5-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 5, 1949		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.	
DATE REC'D BY LOCAL REG. JUL 1 1949		REGISTRAR'S SIGNATURE J. B. Lusater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl.			

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

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Richard W. Stavesen*

Signed.....

Student Embalmer

Licensed Embalmer No. 4007

P. O. Address.....

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.