

FILED MAR 4 1950 STANDARD CERTIFICATE OF DEATH

6183

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1578**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St Louis Mo</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St Louis</b> <b>2299</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Christian Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>2219a Angelica Str.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Helen</b> b. (Middle) c. (Last) <b>Filipiak</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>2/16/50</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct/15 1903</b>	9. AGE (In years last birthday) Months Days <b>36 4 No</b>	IF UNDER 14 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>St Louis Mo</b>	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME <b>August Murawska</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Jasinski</b>		14. NAME OF HUSBAND OR WIFE <b>Wm Filipiak</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>William Filipiak 2219a Angelic</b>	

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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute toxic Hepatitis with obstruction</b>		INTERVAL BETWEEN ONSET AND DEATH <b>11/25/50</b>  <b>12/15/49</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>acute arthritis</b>				
	DUE TO (c)				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>580X</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <b>2/16 1950 8:12</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR	

22. I hereby certify that I attended the deceased from **1/25 1950**, to **2/16 1950**, that I last saw the deceased alive on **2/16 1950**, and that death occurred at **8:12 m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>V. J. Meinhardt M.D.</b> (Degree or title)		23b. ADDRESS <b>Ludell West Bldg.</b>		23c. DATE SIGNED <b>2/17/50</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Feb 20/50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St Louis Mo</b>	
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DATE REC'D BY LOCAL REG. <b>FEB 17 1950</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Central Funeral Home 1841 Cass</b>	
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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

*Elmer R. Padwell*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4077

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.