

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15090**

FILED MAY 1 1950

BIRTH NO. REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1008** Registrar's No. **3694**

1. PLACE OF DEATH a. COUNTY St Louis Mo		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY St Louis	
b. CITY (If outside corporate limits, write RURAL and give town) St Louis Mo		c. CITY (If outside corporate limits, write RURAL and give township) St Louis	
c. LENGTH OF STAY (in this place) 2259		d. STREET ADDRESS (If rural, give location) 1301 N 11th Str	
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Brothers			

3. NAME OF DECEASED (Type or Print)	a. (First) Louis	b. (Middle)	c. (Last) Waligorski	4. DATE OF DEATH (Month) (Day) (Year)	4/20/50
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 18, 1911	9. AGE (In years last birthday) 38	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Tavern owner	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Tamara Ills	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME Waligorski	13b. MOTHER'S MAIDEN NAME Agnes Adamaka	14. NAME OF HUSBAND OR WIFE Mary Waligorski
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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 Mary Waligorski - 1301 N 11th St	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Failure		INTERVAL BETWEEN ONSET AND DEATH 1 day
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
	DUE TO (c) Alcoholism		
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 4:30 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 322.0
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22. I hereby certify that I attended the deceased from **4/19/50** 19**50** to **4/20/50** 19**50**, that I last saw the deceased alive on **4/20/50** 19**50**, and that death occurred at **9:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE S. A. Hester M.D. (Degree or title)	23b. ADDRESS 5600 S Compton	23c. DATE SIGNED 4/21/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/24/50	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetry	24d. LOCATION (City, town, or county) (State) St Louis Mo
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DATE REC'D BY LOCAL REG. APR 23 1950	REGISTRAR'S SIGNATURE J. B. Basater	25. FUNERAL DIRECTOR'S SIGNATURE Central Funeral Home	ADDRESS 1841 Cass
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(Licensed Embalmer's Statement on Reverse Side)

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.....

..... Student Embalmer No.

working under my personal supervision.

Student.....
Student Embalmer

Signed *Clara R. Padwell*
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.