

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED JUL 22 1952

318

1003

6735

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>1</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>2168</u>	
b. CITY (If outside corporate limits, write RURAL and give town/ship) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1906 Blair Avenue</u>		d. STREET ADDRESS (If rural, give location) <u>1906 Blair Avenue.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Catherine</u>	b. (Middle) _____	c. (Last) <u>Wisniewski</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>7 - 10 - 52</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>Dec 9-1889</u>	9. AGE (In years last birthday) <u>62</u>	# UNDER 1 YEAR Months _____ Days _____	# UNDER 28 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Rag Waste Sorter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>St. Louis Waist Co</u>		11. BIRTHPLACE (State or foreign country) <u>Poland</u>		12. CITIZEN OF WHAT COUNTRY? <u>4</u>

13a. FATHER'S NAME <u>Peter Bilacziak</u>	13b. MOTHER'S MAIDEN NAME <u>Maryann Medlowski</u>	14. NAME OF HUSBAND OR WIFE <u>Joseph Wisniewski</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>NO</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Chester Wisniewski</u>	ADDRESS <u>1906 Blair ave</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>minute</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> <u>Heart Disease</u> DUE TO (c) _____		
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) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>4200</u>
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22. I hereby certify that I attended the deceased from 1-5-, 1952, to 7-10-, 1952; that I last saw the deceased alive on 7-3-, 1952, and that death occurred at 10⁰⁵ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Albert Taylor MD</u>	23b. ADDRESS <u>607 N. Grand</u>	23c. DATE SIGNED <u>7-11-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>	24b. DATE <u>7-14-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Galvany Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St Louis Mo</u>
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DATE REC'D BY LOCAL REG. <u>JUL 11 1952</u>	REGISTRAR'S SIGNATURE <u>J. East Smith MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE (Central Funeral Home 1841 Cass ave)	ADDRESS _____
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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 Me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed J. W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address Offici M.

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.