

FILED MAY 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17381

BIRTH NO.		REG. DIST. NO. 317	PRIMARY REG. DIST. NO. 500	Registrar's No. 1120
1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. 14 COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give OR BELLEFONTAINE NEIGHBORS town or township) BELLEFONTAINE NEIGHBORS		c. LENGTH OF STAY (in this place) 3 yrs	c. CITY OR TOWN BELLEFONTAINE NEIGHBORS 20 d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1220 Duenke Dr.		e. STREET ADDRESS (If rural, give location) 1220 Duenke Drive		
3. NAME OF DECEASED (Type or Print) Edna		a. (First) E	b. (Middle) Wanek	c. (Last) 4. DATE OF DEATH (Month) (Day) (Year) May 16 1955
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Aug. 31 1899,	9. AGE (in years last birthday) 55 IF UNDER 1 YEAR Months Days IF UNDER 6 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME John Grass		13b. MOTHER'S MAIDEN NAME Catherine Borchers	14. NAME OF HUSBAND OR WIFE Robert Wanek	
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. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Robert Wanek 1220 Duenke Dr.	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma of spleen fibrous col.</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Dehydrated carcinoma of abdomen</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 6 mos. 3 mos.
19a. DATE OF OPERATION 1-8-55	19b. MAJOR FINDINGS OF OPERATION <i>Dehydrated carcinoma of abdomen</i>		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) 153X		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 4-5, 1955, to 5-16, 1955, that I last saw the deceased alive on 5-13, 1955, and that death occurred at 9:45 p.m., from the causes and on the date stated above.				
23a. SIGNATURE <i>John W. Ulrich</i>		(Degree or title) <i>MD</i>	23b. ADDRESS 8221 N. Brookberry	23c. DATE SIGNED 5-19-55
24a. BURIAL, CREMATION, REMOVAL Removal	24b. DATE 5/20/55	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Mo.	
DATE REC'D BY LOCAL REG. 5/19/55	REGISTRAR'S SIGNATURE <i>Herbert P. Dwyer, M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Buchholz Mortuary 5967W. Florissant		

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

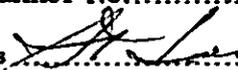
STATEMENT BY LICENSED EMBALMER

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.....
Signature of Student Embalmer

Signed.....


Licensed Embalmer No. 4557

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.