

FILED SEP 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31623
State, File No. 8260

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS, MO.		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN ST LOUIS
d. FULL NAME OF (If not in hospital or institution, give street address or location) ST. LOUIS CITY HOSPITAL		e. STREET ADDRESS (If rural, give location) 13 5800 Arsenal	

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) MARIE	b. (Middle)	c. (Last) WAJCICKI	(Month) (Day) (Year) SEPT. 18, 1955

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1876	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.
-------------------------	----------------------------------	--	---------------------------------	--	--------------------------------	-------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Roumania	12. CITIZEN OF WHAT COUNTRY USA
--	-----------------------------------	---	---

13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Carl
--------------------------------------	---	--

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 Frank Wajcicki	ADDRESS 1938 Warren St.
---	--	--	-----------------------------------

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) LITHIASIS OF COMMON DUCT		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hepatic Cirrhosis DUE TO (c) CHOLANGITIS + CHOLECYSTITIS		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. SEPTICEMIA		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 584x	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
--	--	---

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 **9-18**, 19**55**, to **55**, **SEPT. 18, 55**, that I last saw the deceased alive on **9-18**, 1955, and that death occurred at **11:10 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Edwin B Cook	(Degree or title)	23b. ADDRESS 1515 LAFAYETTE AVE.	23c. DATE SIGNED 9-19-55
---------------------------------------	-------------------	--	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-21-55	24c. NAME OF CEMETERY OR CREMATORY Calvary	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
--	-----------------------------	--	--

DATE REC'D BY LOCAL REG. SEP 20 1955	REGISTRAR'S SIGNATURE Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE St. Louis Funeral Home	ADDRESS 2205 St. Louis Ave
--	--	---	--------------------------------------

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 *Elton H. Remelaw*.....

Licensed Embalmer No. *42*.....

P. O. Address *St. Louis*.....

Note: The above-MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (E) 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.