

FILED MAY 7 1956

STANDARD CERTIFICATE OF DEATH

State File No. 13790

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|---|--|---|--|--|--|--|--|
| BIRTH NO. | | REG. DIST. NO. 160 | | PRIMARY REG. DIST. NO. 559 | | Registrar's No. 50 | |
| 1. PLACE OF DEATH a. COUNTY JEFFERSON | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE MISSOURI b. COUNTY | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOACHIM TOWNSHIP | | c. LENGTH OF STAY (In this place) | | c. CITY OR TOWN ST. LOUIS | | d. Is Residence within limits of a city or independent town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Mt. VIEW CONV. HOME | | | | e. STREET ADDRESS (If rural, give location) 1906 BLAIR AVE. 2201 | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH | | b. (Middle) | | c. (Last) WISNIEWSKI | | 4. DATE OF DEATH (Month) (Day) (Year) APR. 24, 1956 | |
| 5. SEX MALE | | 6. COLOR OR RACE WHITE | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED | | 8. DATE OF BIRTH (Month) (Day) (Year) MAR. 25, 1892 | |
| 9. AGE (In years last birthday) 72 | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABOR | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME UNKNOWN | | 13b. MOTHER'S MAIDEN NAME UNKNOWN | | 14. NAME OF HUSBAND OR WIFE DECEASED | |
| 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 CHESTER WISNIEWSKI ADDRESS 5555 WOODLAND ST. LOUIS MO. | | | |
| 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) Cerebral Hemorrhage | | | | | INTERVAL BETWEEN ONSET AND DEATH 24 HRS. |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 331x. | | | | | 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) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 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 3-12, 1956 , to 4-24, 1956 , that I last saw the deceased alive on 4-24, 1956 , and that death occurred at 6 P. M. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE R. V. Dornell, M.D. (Degree or title) | | | 23b. ADDRESS 112 Mississippi Ave. Capital City, Mo. | | 23c. DATE SIGNED 4-25-56 | | |
| 24a. BURIAL, CREMATION, REMOVAL Removal | | 24b. DATE APR. 25, 1956 | 24c. NAME OF CEMETERY OR CREMATORY CALVERY CEMETERY | | 24d. LOCATION (City, town, or county) (State) ST. LOUIS MO. | | |
| DATE REC'D BY LOCAL REG. 4-26-56 | | REGISTRAR'S SIGNATURE James G. Sigler | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS CENTRAL MORTUARY, ST. LOUIS, MO. | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

MAY 1 1956

MAY 8

1956

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 *James Richard Cady*
Licensed Embalmer No. *43*
P. O. Address *CRYSTAL C.*

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.