

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11559

FILED MAR 29 1957

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 682

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Hgts</u>		c. CITY OR TOWN <u>ROBERTSON</u>	
c. LENGTH OF STAY (in this place) <u>2 MO</u>		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST MARYS</u>			
e. STREET ADDRESS (If rural, give location) <u>Eldon Ave - Rt 1</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Francis</u>	b. (Middle) <u>J.</u>	c. (Last) <u>Wlodarek</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 11, 1957</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JAN 4 - 1878</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LAWYER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Law</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Posen Gy.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
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13a. FATHER'S NAME <u>WLODAREK</u>	13b. MOTHER'S MAIDEN NAME <u>do not know</u>	14. NAME OF HUSBAND OR WIFE <u>Daisy Wlodarek</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>49201-3151</u>	17. INFORMANT'S SIGNATURE OR NAME <u>ROBERT Wlodarek</u>	ADDRESS <u>ROBERTSON MO</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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Adenocarcinoma of coecum with metastases to the liver</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>
	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. <u>Arteriolar nephrosclerosis</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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) <u>153x</u>
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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?
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22. I hereby certify that I attended the deceased from July 7, 1938, to March 11, 1957, that I last saw the deceased alive on March 10, 1957, and that death occurred at 7:21A.m., from the causes and on the date stated above.

23a. SIGNATURE <u>G. O. Brown M.D.</u> (Degree or title) <u>0</u>	23b. ADDRESS <u>G.O. Brown, M.D. 1325 South Grand Boulevard</u>	23c. DATE SIGNED, <u>3/11/57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>3-14-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY</u>	24d. LOCATION (City, town, or county) (State) <u>ST LOUIS MO</u>
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DATE REC'D BY LOCAL REG. <u>3/12/57</u>	REGISTRAR'S SIGNATURE <u>Herbert B. Donahue</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>DRYMAN F. HOME</u>	ADDRESS <u>OVERLAND MO</u>
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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.....
Signature of Student Embalmer

Signed..... *Al C Ostmann*

Licensed Embalmer No. *3478*

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.