

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015466
STATE FILE NUMBER

FILED MAY 13 1958

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 175

Health,
Welfare
Public
Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis City	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Francois Twp.		c. CITY OR TOWN St. Louis 222⁹0	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital #4		Length of stay in 1b 2ly, 1m, 13d	
3. NAME OF DECEASED (Type or print) AGNES		First Middle Last WODICKA	
5. SEX Female		6. COLOR OR RACE White	
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Jan. 31, 1890	
9. AGE (In years last birthday) 68		10. KIND OF BUSINESS OR INDUSTRY Laundry checker	
11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Charles B. Wodicka		14. MOTHER'S MAIDEN NAME Amelia Schaffner	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT Records, State Hospital #4, Farmington, Mo.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Lobar pneumonia			INTERVAL BETWEEN ONSET AND DEATH 3 das.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			490X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Psychosis with cerebral arteriosclerosis - abt. 21 years.			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from April 27, 1958 to April 30, 1958 and last saw her alive on April 30, 1958 Death occurred at 3:02 A. M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) J. A. Brennan, M.D.		22b. ADDRESS State Hospital No. 4, Farmington, Missouri	
22c. DATE SIGNED 4-30-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5-2-58	
23c. NAME OF CEMETERY OR CREMATORY SS Peter and Paul		23d. LOCATION (City, town, or county) (State) 7030 Gravois, St. Louis, Mo.	
24. FUNERAL DIRECTOR E. J. Schnur Funeral Home		ADDRESS 3225 Lafayette St. Louis, Mo.	
25. DATE RECD. BY LOCAL REG. Apr. 30, 1958		26. REGISTRAR'S SIGNATURE Ether Redloff	

(Licensed Embalmer's Statement on Reverse Side)

2890

MAY 19 1958

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..... *C. Hozeau*

Licensed Embalmer No. *406*

P. O. Address *Farmington*

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.

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