

FILED MAY 12 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-016730

STATE FILE NUMBER

Registration District No. 317

Primary Registration District No. 541

Registrar's No. 1185

300

-57

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| 1. PLACE OF DEATH<br>a. COUNTY <b>St. Louis</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Clayton</b>                                 |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | c. CITY OR TOWN <b>Clayton</b> <b>4452</b><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                 |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>St. Louis County Hosp. D.O.A.</b> |  | Length of stay in lb   | d. STREET ADDRESS (If outside, give location)<br><b>7625 Wydown Blvd.</b><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print)<br>First <b>PAULINE</b> Middle <b>WONDRACHECK</b> Last <b>WONDRACHECK</b>          |                                  |   | 4. DATE OF DEATH<br>Month <b>April</b> Day <b>29</b> Year <b>1958</b>    |  |   |
| 5. SEX<br><b>Female</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>August 21, 1874</b>                               | 9. AGE (In years last birthday)<br><b>83</b>   | IF UNDER 1 YEAR<br>Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Home-maker</b>       |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>At Home</b>   | 11. BIRTHPLACE (City and state or country)<br><b>St. Louis, Missouri</b> | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>  |   |
| 13a. FATHER'S NAME<br><b>Louis Meyer</b>   |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Katherine Hawalt</b>  |  | 14. NAME OF HUSBAND OR WIFE<br><b>Deceased</b> |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b> |                                  | 16. SOCIAL SECURITY NO.<br><b>unk.</b>  | 17. INFORMANT Address<br><b>Mrs. Jack Lehr - 7625 Wydown Blvd.</b>       |  |   |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>UNKNOWN NATURAL CAUSES</b> |  | INTERVAL BETWEEN ONSET AND DEATH   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. }<br>DUE TO (b) _____<br>DUE TO (c) _____                           |  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)                              |  | 19. WAS AUTOPSY PERFORMED? <b>2</b><br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 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<br>Hour _____ a.m. _____ p.m.<br>Month, Day, Year _____                               |  |

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| 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 |
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21. I attended the deceased from \_\_\_\_\_, to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at \_\_\_\_\_ on the date stated above; and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title)<br><b>Herbert K. Donke, MD, Local Registrar</b> | 22b. ADDRESS<br><b>651 S. Brentwood, Clayton, Mo.</b> | 22c. DATE SIGNED |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b> | 23b. DATE<br><b>May 2, 1958</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Bellefontaine Cemetery</b> | 23d. LOCATION (City, town, or county) (State)<br><b>St. Louis, Missouri</b> |
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| 24. FUNERAL DIRECTOR ADDRESS<br><b>Math Hermann &amp; Son, Inc., 2161 E. Fair</b> | 25. DATE RECD. BY LOCAL REG.<br><b>4-30-58</b> | 26. REGISTRAR'S SIGNATURE<br><b>Herbert K. Donke M.D.</b> |
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Clément M. Neary* .....

Licensed Embalmer No. *3732* .....

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

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.