

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

58-046839
 State File No. 3182
 Registrar's No. 3182

FILED DEC 19 1958

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500

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

1. PLACE OF DEATH a. COUNTY St. Louis		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 RURAL Luxemburg		c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 5 MON.		e. STREET ADDRESS (If rural, give location) 209 3904 Glasgow Avenue	
d. FULL NAME OF (If not in hospital or institution, give street address or location) 47 HOSPITAL OR INSTITUTION Mt. St. Rose Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) Walenty		b. (Middle) _____ c. (Last) Wawrzyniak	
4. DATE OF DEATH (Month) (Day) (Year) 12 3 1958		5. SEX Male 6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Feb. 17, 1876	
9. AGE (In years last birthday) 82		IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) General Contractor		10b. KIND OF BUSINESS OR INDUSTRY Building	
11. BIRTHPLACE (City and State or Foreign Country) Poland 4		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME (ret.) Unknown		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Eva Wawrzyniak		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 494-07-9037		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charles Wawrzyniak 831 Walters Dr.	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of colon INTERVAL BETWEEN ONSET AND DEATH 2 mos. ANTECEDENT CAUSES DUE TO (b) Carcinoma of bile duct Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ 5 mos. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1551	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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)		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 7-5, 1958 to 12-3, 1958 , that I last saw the deceased alive on 12-2, 1958 , and that death occurred at 8:45 a. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) William A. Turner M.D.		23b. ADDRESS 4401 Hampton	
23c. DATE SIGNED 12-3-58		24a. BURIAL, CREMATION, REMOVAL (Specify) burial	
24b. DATE 12/5/58		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.	
24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		DATE REC'D BY LOCAL REG. 12-4-58	
REGISTRAR'S SIGNATURE Herbert K. Klomki, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Drehmann-Harral 1905 Union Blvd.	

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..... *Albert R. Thompson*

Licensed Embalmer No. 423

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.