

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-015925

STATE FILE NUMBER

2 4094

FILED MAY 15 1959

Registration District No.

Primary Registration District No.

Registration No.

300

1-57

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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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Saint Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Mehlville (23)
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lutheran Hospital		Length of stay in 1b 2 Days	d. STREET ADDRESS (If outside, give location) Route #8 Box 2035
3. NAME OF DECEASED (Type or print) First Middle Last WANDA H. WEISS			4. DATE OF DEATH Month Day Year April 24, 1959
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 11, 1910
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		9b. KIND OF BUSINESS OR INDUSTRY At Home	9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 48 Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) Saint Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Michael Olszewski	13b. MOTHER'S MAIDEN NAME Antonia Joblonski
14. NAME OF HUSBAND OR WIFE Herbert O. Weiss		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 Herbert O. Weiss		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hepatoma Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cirrhosis, liver, seven DUE TO (c) ascites	
19. WAS AUTOPSY PERFORMED? 1 YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 3 day	
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 Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 Death occurred at April 21-59 to April 24-59		and last saw her/him alive on April 24-59	
22a. SIGNATURE (Degree or title) Paul Parashko		22b. ADDRESS 5203 Chippewa	
22c. DATE SIGNED 4/27/59		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE Apr. 27, 1959		23c. NAME OF CEMETERY OR CREMATORY S.S. Peter & Paul Cem.	
23d. LOCATION (City, town, or country) (State) Saint Louis (16) Missouri.		24. FUNERAL DIRECTOR Fendler Undertaking Co.	
25. DATE RECD. BY LOCAL REG. APR 27 '59		26. REGISTRAR'S SIGNATURE Karl Smith, M.D.	

Dr Paul M. Parashak
5703 Chippewa St.
IL 1-2454

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STATEMENT BY LICENSED EMBALMER

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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 *W.G. Peterson*

Licensed Embalmer No. 3767
P. O. Address 7470 Milwaukee

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.