

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-015991
STATE FILE NUMBER
2-3790

300
1-57

#3

Use only black ink or ribbon type-write if possible. All diseases in Part I must be causally related.

Registration District No. _____ Primary Registration District No. _____ Registrar No. _____

FILED MAY 6 1959

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Mo.** b. COUNTY _____

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis Mo.** Inside Limits Yes No

c. CITY OR TOWN **St. Louis** Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Booth Memorial** Length of stay in 1b **19 days**

d. STREET ADDRESS (If outside, give location) **2100 Whitnell** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last **Edna Wodicka**

4. DATE OF DEATH Month Day Year **4 13 59**

5. SEX **FM** 6. COLOR OR RACE **W** 7. MARRIED NEVER MARRIED WIDOWED DIVORCED

8. DATE OF BIRTH **2/12/1898** 9. AGE (In years last birthday) **61** IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Bress Operator** 10b. KIND OF BUSINESS OR INDUSTRY **Carlye Dress** 11. BIRTHPLACE (City and state or country) **St. Louis, Mo.** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Felix Wodicka** 13b. MOTHER'S MAIDEN NAME **Johanna Vedder** 14. NAME OF HUSBAND OR WIFE **none**

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. _____ 17. INFORMANT **Minnie Wodicka** Address **2100A Whitnell**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **Carcinoma of Intestines**
Jejunum
which gave rise to **Jejunum**
abdominal **Jejunum**
stomach **Jejunum**
lymph **Jejunum**
cause last. **Jejunum**
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **59**
174x

INTERVAL BETWEEN ONSET AND DEATH **1 yr**
2 wks

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) **Pathological break of humerus**

20c. TIME OF INJURY? Hour Month, Day, Year a.m. p.m. **at 3-31-59**

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **at home** 20f. CITY, TOWN, OR LOCATION COUNTY STATE **St. Louis, Mo.**

21. I attended the deceased from **Jan 2 59** to **4-13-59** and last saw her alive on **4-13-59**
Death occurred at **10P** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **Edna S Wodicka M.D.** (Degree or title) 22b. ADDRESS **2752 Cherokee** 22c. DATE SIGNED **4-16-59**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Cremation** 23b. DATE **4/17/59** 23c. NAME OF CEMETERY OR CREMATORY **Valhalla Brementory** 23d. LOCATION (City, town, or county) (State) **St. Louis Co. Mo.**

24. FUNERAL DIRECTOR ADDRESS **Schumacher 3013 Meramec** 25. DATE RECD. BY LOCAL REG. **APR 17 '59** 26. REGISTRAR'S SIGNATURE **Edna Smith, M.D.**
mab

27512 Okeronkie

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 *Jack Haupt*
Licensed Embalmer No. *4746*

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.