

JAN 11 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

40801
Do not use this space.

1. PLACE OF DEATH
(a) County Registration District No. 791
(b) Township Primary Registration District No. 1003
(c) City of St. Louis, (d) Street No. 3214 Mt. Pleasant St. Registered No. 10493
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Kate Tretkowski Kuo
(a) Residence, No. 3214 Mt. Pleasant St. St. 15 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Frank Kuo</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 2. 1851.</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>87</u>		<u>10</u>	<u>1</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>At Home</u>			
	9. Industry or business in which work was done, as saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Poland</u>			
	13. NAME <u>Lorenz Kozemski</u>			
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Poland</u>			
	15. MAIDEN NAME <u>Dont know</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dont know</u>				
17. INFORMANT <u>Martha Cismowski</u> (ADDRESS) <u>3214 Mt. Pleasant Str</u>				
18. BURIAL, CREMATION, OR REMOVAL <u>Galvary Cemetery</u> DATE <u>Dec 6, 1938</u>				
19. FUNERAL DIRECTOR (NAME) <u>J. N. Kellum & Co.</u> (ADDRESS) <u>2842 Meramec St.</u>				
20. FILED <u>5 1939</u> <u>J. D. Bredeck</u> Local Registrar				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR)	<u>Dec 3, 1938</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>Nov 11, 1938</u> , to <u>Dec 3, 1938</u> I last saw her alive on <u>Dec 1, 1938</u> . Death is said to have occurred on the date stated above, at <u>3 A.</u> m. The principal cause of death and related causes of importance were as follows: <u>Chronic Peliosis</u> Date of onset	
Other contributory causes of importance: <u>Anaemia Secondary</u>	
Name of operation	<u>None</u> Date of
What test confirmed diagnosis? <u>Chemical</u> as there an autopsy? <u>No</u>	
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19..... Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.	
Manner of Injury..... Nature of Injury.....	
24. Was disease or injury in any way related to occupation of deceased? <u>No</u> If so, specify..... (Signed) <u>W. E. Feldmann</u> M. D. (Address) <u>45-520 Virginia</u>	

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

Herman A. Gebken

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Herman A. Gebken

Licensed Embalmer No. 2120

P. O. Address 2842 Meramec St.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND St. Louis (Mo.) to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.