S. No. 2
M—2-43
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 13 1943

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. F 30108

Registrar's No. 8678

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
5540a Ashland Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5540a Ashland Avenue
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

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3. (a) PRINT FULL NAME Mrs. Pauline Kmucha

3. (b) If veteran, name war ----

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John Kmucha

6. (c) Age of husband or wife if alive years

7. Birth date of deceased August 28, 1904
(Month) (Day) (Year)

8. AGE: Years 39 | Months 1 | Days 1 | If less than one day hr. min.

9. Birthplace Hayti (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Ivy Williams
13. Birthplace (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name Lucy Parks
15. Birthplace (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Mr. John Kmucha
(b) Address 5540a Ashland Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 2, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation New Bethlehem Cemetery

18. (a) Signature of funeral director Beiderwieden F. H. Inc.
(b) Address 1936 St. Louis,

19. (a) OCT 1 1943 (Date received local registrar) (b) J. F. Bridell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 30th
year 1943 hour 6.55 minute P M.

21. I hereby certify that I attended the deceased from Feb 3, 1943, to Sept 29, 1943
that I last saw her alive on Sept 29, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Generalized Carcinoma of Pelvis and abdomen	
Due to	1 yr.
Due to Carcinoma of Ovary & Complete Hysterectomy March 1942	
Other conditions (Include pregnancy within 3 months of death)	
Primary site - Ovary	
Major findings: Of operations as above	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature H. Rund MD (M. D. or other)
Address 5417 So Grand Blvd Date signed 9-30-43

(Licensed Embalmer's Statement on Reverse Side)

Dr. Emmet H. Rund
5417 So. Grand
11-1

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 .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 3737

P. O. Address 1936 St. Louis Ave

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 this body is not embalmed, fact should be so stated above.