S. No. 2
M—5-43
. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

39404

State File No.

Registration District No. FILED JAN 3 1946 Primary Registration District No. 1003 Registrar's No. 11141

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:
Deaconess Hospital
(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 17

(c) City or town St. Louis 123
(If outside city or town limits, write "RURAL")

(d) Street No. 2710 S. 13th Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME MARY KUC

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 Walenty Kuc

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased about 1891
(Month) (Day) (Year)

8. AGE: Years abt - 54 Months — Days — If less than one day hr. min.

9. Birthplace (City, town, or county) Poland (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Joseph Tenjor
13. Birthplace (City, town, or county) Poland (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Walenty Kuc
(b) Address 2710 S. 13th Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation New SS. Peter & Paul

18. (a) Signature of funeral director Wm C. Mayfield
(b) Address DEC 19 26 1945 Allen Avenue

19. (a) Dr. (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

DEC 20 1945

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 15th year 1945 hour 7 minute 15 P. M.

21. I hereby certify that I attended the deceased from Dec 12, 1945, to Dec 15, 1945, that I last saw her alive on Dec 15, 1945, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage (Apoplexy)	6 da
Due to: General Arteriosclerosis	5 yr (?)
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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 G. R. Sheffler (M. D.)
Address 1020 Mo. Theatre Bldg. Date signed 12-19-45

(Licensed Embalmer's Statement on Reverse Side)

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 Benj. C. Duncan

Licensed Embalmer No. 2272

P. O. Address 1926 Allen Avenue

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.