

FILED JUN 24 1946

Registration District No. 27

Primary Registration District No.

3069

Registrar's No.

1311

1. PLACE OF DEATH:

(a) County St Louis  
(b) City or town Rich. Heights  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St Marys 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 \_\_\_\_\_ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St Louis  
(c) City or town Valley Park  
(If outside city or town limits, write "RURAL")  
(d) Street No. 505 Meramec St  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Rose Komotos

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex Female 5. Color or race W  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife John Komotos  
6. (c) Age of husband or wife if alive 54 years  
7. Birth date of deceased April 15 1898  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
48 2 0 hr. min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name John Daltas

13. Birthplace Lithuania  
(City, town, or county) (State or foreign country)

14. Maiden name Rose Michauskus

15. Birthplace Lithuania  
(City, town, or county) (State or foreign country)

16. (a) Informant John Komotos

(b) Address 505 Meramec, Valley Park, Mo

17. (a) Removal 6-18-46  
(Burial, cremation, or removal) (Date thereof) (Month) (Day) (Year)

(c) Place: burial or cremation Collinsville Ill.

18. (a) Signature of funeral director Louis H. Bopp, Inc.

(b) Address Kirkwood, Mo.

19. (a) 6-19-46 (b) E. S. McHarmon  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15  
year 1946 hour 2 minute 30 A. M.

21. I hereby certify that I attended the deceased from April 1, 1946, to June 15, 1946, that I last saw H.E.R. alive on June 14, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertensive cardiac-vascular disease  
Due to arterio-sclerosis  
Due to 93 d

Duration  
2 years  
2 years

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy: Hypertensive cardiac-vascular disease + arterio-sclerosis  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury D

23. Signature Quentin M. Jaine (M. D. or other) \_\_\_\_\_

Address 509 N. Kirkwood St Date signed 6/19/46

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

20137

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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..... *Felix Durand* .....

Licensed Embalmer No..... *3034* .....

P. O. Address..... *Kirkwood mo* .....

**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.**