No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 22 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2729

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 336

1. PLACE OF DEATH:

(a) County

(b) City or town ST. LOUIS MO
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ST. LOUIS CITY HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 WEEKS (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000

(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2012 ALLEN 9
(If rural, give location) 0

(e) Citizen of foreign country? (Yes or No) 23

If yes, name country

3. (a) PRINT FULL NAME ELEANOR KOBYLINSKI

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 WIDOW

6. (b) Name of husband or wife

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

7. Birth date of deceased JULY (Month) 6 (Day) 1893 (Year)

8. AGE: Years	Months	Days	If less than one day
54	6	5	hr. min.

9. Birthplace ST. LOUIS MO (City, town, or county) (State or foreign country)

10. Usual occupation WIDOW

11. Industry or business AT HOME

FATHER 12. Name CHARLES BRETTHAUER

13. Birthplace ST. LOUIS MO (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name BERTHA RIES

15. Birthplace ST. LOUIS MO (City, town, or county) (State or foreign country)

16. (a) Informant ALBIN KOBYLINSKI

(b) Address 2827 ABNER PL.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN. 14, 1948 (Month) (Day) (Year)

(c) Place: burial or cremation New ST. MARCUS CEM.

18. (a) Signature of funeral director Thomas Kutis + Son

(b) Address 2906 GRAVOIS

19. (a) JAN 17 1948 (Date received local registrar) (b) L. F. Bondurant (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 11 year 1948 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec 1947 19 to Jan 11 1948 that I last saw her alive on Jan 11 1948 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Acute cardiac failure

Due to: Hypertensive cardiovascular disease

Due to:

Other conditions (Include pregnancy within 3 months of death): Uremia - Depressed.

Major findings:
Of operations: Depressed.

Of autopsy:

PHYSICIAN

Underline the cause of 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 Clement Hyman (M. D. or other)

Address City Hosp. Date signed 1-11-48

Jefferson City Printing Co. (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 Harry C Dill

Licensed Embalmer No. 4347

P. O. Address 2906 Grove

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.