

No. 300
-10-47
5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 12 1948

UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10378

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 3285

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:
5353 Queens 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 72 years _____ (Specify whether
years, months or days)

3. (a) PRINT FULL NAME MISS ELIZABETH G. KULAGE

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased May 25, 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

72 10 9 _____ hr. _____ min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER

12. Name Adam Kulage

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

14. Maiden name Gertrude Stephenson

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

16. (a) Informant Mrs. H. Zelsmann

(b) Address 5353 Queens Avenue

17. (a) Burial (b) Date thereof 4-7-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director _____

(b) Address 2117 East Grand Blvd.

19. (a) APR 5 1948 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis *add 17*

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") *9*

(d) Street No. 5353 Queens Avenue
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4th
year 1948 hour 6 minute A M.

21. I hereby certify that I attended the deceased from April 1-4, 1948
that I last saw her alive on April 4, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage *1 Day*

Due to _____

Due to _____

Other conditions 813
(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? _____

While at work? _____ (Specify type of work) (M. D. or other)

23. Signature J. F. Bredek (M. D. or other) *had*

Address 4117 W. Dennis Date signed 4/5/48

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

Frank A. Moore

Licensed Embalmer No.....

3041

P. O. Address.....

2117 E. Grand

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.