

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21306
5751
Registrar's No. 1003

FILED JUL 15 1949

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>oas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u> <u>2</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u> <u>19</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>23-2710 S 13th Street</u> <u>10</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Louis State Hospital</u>			
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) <u>THERESA KUC</u>	b. (Middle) <u>Agnes</u>	c. (Last) <u>KUC</u>	<u>July 2 1949</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Sept 18 1928</u>
9. AGE (In years last birthday) <u>20</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 60 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hat Trimmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Hat</u>	11. BIRTHPLACE (State or foreign country) <u>St Louis Mo</u> <u>0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U S</u>
13a. FATHER'S NAME <u>Walenty Kuc</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Kendior</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>12/26/40x</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary tuberculosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>125</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>not 2x</u>

22. I hereby certify that I attended the deceased from Dec. 26, 1946, to July 2, 1949, that I last saw the deceased alive on July 2, 1949, and that death occurred at 12:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Clark R. Riedelman M.D.</u>	23b. ADDRESS <u>5400 Arsenal St.</u>	23c. DATE SIGNED <u>7/2/49</u>
24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/5/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>St Louis</u>		

DATE REC'D BY LOCAL <u>JUL 3 1949</u>	REGISTRAR'S SIGNATURE <u>J. B. Laster</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm. Chmura 1926 Allen Av</u>
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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 me

Student Embalmer No.

working under my personal supervision.

Signed Borg J. Damian

Signed.....
Student Embalmer

Licensed Embalmer No. 2272

P. O. Address 1926 Allen

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.