

FILED SEP 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32444

968

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 2191

1. PLACE OF DEATH a. COUNTY Saint Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis	
c. LENGTH OF STAY (In this place) 2 1/2 Weeks		d. STREET ADDRESS (If rural, give location) 3138 N. Sarah Street,	
d. FULL NAME OF HOSPITAL OR INSTITUTION Saint Marys Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) Frederick		b. (Middle) F.	
c. (Last) Kyfus		4. DATE OF DEATH (Month) (Day) (Year) September 12th, 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 6th, 1889
9. AGE (In years last birthday) 60		IF UNDER 1 YEAR Months 0	IF UNDER 12 HRS. Days 6 Hours 6 Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custodian		10b. KIND OF BUSINESS OR INDUSTRY Beaumont Public School	
11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME August Kyfus		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Olinda Kyfus		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) unknown	
16. SOCIAL SECURITY NO. unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Olinda Kyfus, 3138 N. Sarah Street.	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Retroperitoneal neuro-fibro sarcoma. INTERVAL BETWEEN ONSET AND DEATH 1 yr. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Y DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 158X 158X	
19a. DATE OF OPERATION 8/27/49.		19b. MAJOR FINDINGS OF OPERATION Inoperable retroperitoneal fibro sarcoma.	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 8/24/49 , 19____, to 9/12/49 , 19____, that I last saw the deceased alive on 9/12/49 , 19____, and that death occurred at 11:30 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Warren J. Stanton M.D.		23b. ADDRESS 607 - 77 Grand	
23c. DATE SIGNED 9/13/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/15/49	
24c. NAME OF CEMETERY OR CREMATORY Zion Cemetery		24d. LOCATION (City, town, or county) (State) Saint Louis County, Missouri	
DATE REC'D BY LOCAL REG. 9-13-49		REGISTRAR'S SIGNATURE Herbert R. Donke, M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Feutz		ADDRESS 4928 Natural Bridge Blvd.	

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

10-C

Commencement Class 1934
115 Park St. & Pine St.

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Ralph E. Linder

Signed.....

Student Embalmer

Licensed Embalmer No. 4275

P. O. Address St. Louis, 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.