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FILED DEC 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39596
04550

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis, Mo.</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Heights, Mo.</u>		c. LENGTH OF STAY (in this place) <u>10 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood 22</u>		d. STREET ADDRESS (If rural, give location) <u>1608 W. Big Bend Rd.</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Grace</u> b. (Middle) _____ c. (Last) <u>Koszegi</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11 27 1949</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>4 7 1880</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Days <u>7</u> IF UNDER 24 HRS. Hours <u>20</u> Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NIL</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NIL</u>	11. BIRTHPLACE (State or foreign country) <u>Ireland</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>
13a. FATHER'S NAME <u>John McGee</u>		13b. MOTHER'S MAIDEN NAME <u>Anna McHugh</u>		14. NAME OF HUSBAND OR WIFE <u>John Koszegi</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John Koszegi / 1608 W. Big Bend Rd. Kirkwood, Mo.</u> 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart Failure - Pulmonary</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Edema - Generalized arteriosclerosis</u> <u>Paralysis due to Septicemic Process</u> DUE TO (c) <u>Small Cord</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Angioma of Vertebral Body of the Thorax</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hrs</u> <u>2 1/2 hrs</u> <u>4 years</u>
19a. DATE OF OPERATION <u>11/25/49</u>	19b. MAJOR FINDINGS OF OPERATION <u>Adhesion of Small Cord to Dura, Scar & Pressure on Spinal Cord</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <u>223X</u> (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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 <u>11/21</u> , 19 <u>49</u> , to <u>11/27</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>11-27, 1949</u> and that death occurred at <u>1 A</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>John S. Sciortino M.D.</u> (Degree or title)			23b. ADDRESS <u>3720 Washington Blvd.</u>		23c. DATE SIGNED <u>11/28/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11/30/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Peters Cem.</u>		24d. LOCATION (City, town, or county) - (State) <u>Kirkwood 22 Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11-29-49</u>	REGISTRAR'S SIGNATURE <u>Archie R. Blanke, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Meyer-Pfizinger</u> ADDRESS <u>Kirkwood, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed John M. Freyer

Licensed Embalmer No. 13788

P. O. Address Kirkwood 32

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.