

FILED JAN 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2682

1003

Registrar's No. 386

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. _____		State File No. 2682		Registrar's No. 386	
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>St. Louis</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS Mo</u>			c. LENGTH OF STAY (In this place) <u>3 YRS.</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS Mo</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LITTLE SISTER POOR</u>				d. STREET ADDRESS (If rural, give location) <u>16 3400 SO. GRAND AVE</u>					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>ANNA</u>		b. (Middle) <u>—</u>		c. (Last) <u>KISS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 17 1950</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>DEC. 21, 1875</u>		9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months <u>—</u> Days <u>24</u>	IF UNDER 4 HRS. Hours <u>—</u> Min. <u>—</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>HUNGARY</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>FRANK KRUCSZ</u>			13b. MOTHER'S MAIDEN NAME <u>MARY BEHRINGER</u>			14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>ROSE ZSUMBERA</u> ADDRESS <u>2801³ INDIANA</u>					
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> <u>Arteriosclerosis</u> ANTECEDENT CAUSES <u>Arteriosclerosis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u> <u>2 yrs</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Epilepsy, Hypertension</u>							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION: _____						20. AUTOPSY? YES <input 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) _____ (COUNTY) _____ (STATE) <u>Mo</u>		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? <u>4201</u>					
22. I hereby certify that I attended the deceased from <u>1/20</u> , 19 <u>50</u> , to <u>Jan 17, 1950</u> , that I last saw the deceased alive on <u>Jan 11, 1950</u> , and that death occurred at <u>7 P</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>[Signature]</u> (Degree of title) _____				23b. ADDRESS <u>607 E. Grand</u>				23c. DATE SIGNED <u>1/13/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JAN. 16 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>NEW ST. MARCUS</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS Mo</u>			
DATE REC'D BY LOCAL REG. <u>JAN 13 1950</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Katis</u> ADDRESS <u>2906 Garrison</u>				

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

UE 12370
3 PM Friday 1950
Wm. Clark Reed

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 Geo J. Budde

Licensed Embalmer No. 3989

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.