

FILED MAY 1 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14719

State File No. 3606  
Registrar's No.

318

1003

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 3606		Registrar's No.			
1. PLACE OF DEATH a. COUNTY <del>St. Louis</del> St.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b>		c. LENGTH OF STAY (in this place) <b>1y, 3m, 25d.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		d. STREET ADDRESS (If rural, give location) <b>3912 Russell Bl.</b>		3179			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Infirmary</b>				4. DATE OF DEATH (Month) (Day) (Year) <b>April 18, 1950</b>							
3. NAME OF DECEASED a. (First) <b>Julia</b>			b. (Middle)			c. (Last) <b>Kuhn</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 18, 1950</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>July 27, 1885</b>			9. AGE (in years last birthday) <b>84</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>		11. BIRTHPLACE (State or foreign country) <b>Hungary</b>			12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <b>Anton Tines</b>			13b. MOTHER'S MAIDEN NAME <b>Catherine Schtilper</b>			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 ADDRESS <b>Velma Prokos 3916 Russell Bl.</b>							
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) <b>Thrombosis, aorta</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis, generalized</b>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Cerebral</b> <b>Arteriosclerosis</b>						INTERVAL BETWEEN ONSET AND DEATH <b>4 hrs</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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) (COUNTY) (STATE) <b>St. Louis</b>			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? <b>OR</b>									
22. I hereby certify that I attended the deceased from <b>Dec. 23, 1948</b> , to <b>April 18, 1950</b> , that I last saw the deceased alive on <b>April 18, 1950</b> , and that death occurred at <b>4:50 pm.</b> , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <b>Palmer Bouane Bowlish M.D.</b>				23b. ADDRESS <b>5800 Arsenal St.</b>			23c. DATE SIGNED <b>4-19-50</b>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4-21-1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Pauls Churchyard</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>						
DATE REC'D BY LOCAL REG. <b>Apr 20 1950</b>		REGISTRAR'S SIGNATURE <b>J. B. Foster</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Weick Bro. Und. Co. 2201 S. Grand</b>						

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

**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.....  
Student Embalmer

Signed.....

*James R. Dixon*

Licensed Embalmer No. 4527

P. O. Address 2201 S. Grand Bl.

**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.