

FILED APR 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14720

State File No. _____

318

1003

3451

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

1. PLACE OF DEATH a. COUNTY		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 St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2119	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3638a St. Louis Ave.		d. STREET ADDRESS (If rural, give location) 3638a St. Louis Ave.		0	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Jessie	b. (Middle) M.	c. (Last) Kulage	April 13 1950		

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 12 1879	9. AGE (In years last birthday) Months Days Hours Min. 70
------------------	---------------------------	---	----------------------------------	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Pacific Mo.	12. CITIZEN OF WHAT COUNTRY? 0
--	-----------------------------------	--	-----------------------------------

13a. FATHER'S NAME George Stevenson	13b. MOTHER'S MAIDEN NAME Alice	14. NAME OF HUSBAND OR WIFE Frank Kulage
--	------------------------------------	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Jessie Mary Kulage	ADDRESS 3638a St. Louis
---	-------------------------	---	----------------------------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of R. Breast</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>@ Metastasis to Lung</u>		
	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) 170A
--	--	---

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?
--	--	----------------------------

22. I hereby certify that I attended the deceased from 3/24, 1950, to 4/13, 1950, that I last saw the deceased alive on 3/11, 1950, and that death occurred at 3:15A m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. B. Stasler</u>	(Degree or title) 0	23b. ADDRESS 5899 Delmar	23c. DATE SIGNED 4/14/50
--	------------------------	-----------------------------	-----------------------------

24a. BURIAL, CREMATION, OR OTHER REMOVAL (Specify) Burial	24b. DATE 4/15/50	24c. NAME OF CEMETERY OR CREMATORY Pacific	24d. LOCATION (City, town, or county) (State) Pacific Mo.
--	----------------------	---	--

DATE REC'D BY LOCAL REG. APR 14 1950	REGISTRAR'S SIGNATURE <u>J. B. Stasler</u>	25. FUNERAL DIRECTOR'S SIGNATURE Sullivan Funeral Dir.	ADDRESS 2849 N. Euclid
---	---	---	---------------------------

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.
Robert L. Brinkman
Signed _____

Signed.....
Student Embalmer

Licensed Embalmer No. 2553

P. O. Address _____

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.