

FILED OCT 21 1950

## STANDARD CERTIFICATE OF DEATH

State File No. 84890

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>3700</b>	
1. PLACE OF DEATH a. COUNTY _____				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 town) <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>85yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		2159	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5724 Michigan</b>				d. STREET ADDRESS (If rural, give location) <b>15 5724 Michigan</b>			
3. NAME OF DECEASED a. (First) <b>FRANCES</b>		b. (Middle) <b>J</b>		c. (Last) <b>HAD</b>		4. DATE OF DEATH (Month) <b>Oct</b> (Day) <b>13</b> (Year) <b>50</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>May 10, 1864</b>	
9. AGE (In years last birthday) <b>86</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hour _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At home</b>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>Illinois</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>							
13a. FATHER'S NAME <b>Frank Komerous</b>			13b. MOTHER'S MAIDEN NAME <b>Barbara Moschna</b>			14. NAME OF HUSBAND OR WIFE <b>Joseph Had (Deceased)</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>Unk.</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Clara Had</b> ADDRESS <b>5724 Michigan</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute cardiac dilatation</b>					<b>1 day</b>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary Thrombosis</b>					<b>8 mos.</b>
		DUE TO (c) <b>Chronic myocarditis</b>					<b>2 yrs.</b>
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Quincke's fibrillation</b>					<b>1 yrs.</b>
19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION <b>None</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <b>None</b>		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) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <b>None</b> <b>H2O!</b>			
22. I hereby certify that I attended the deceased from <b>May 10, 1948</b> , to <b>Oct 13, 1950</b> , that I last saw the deceased alive on <b>Oct 13, 1950</b> , and that death occurred at <b>8 P. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>W. J. ...</b> (Degree or title) _____				23b. ADDRESS <b>2767 Gravois St.</b>		23c. DATE SIGNED <b>10-14-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Oct 16-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>SS Peter and Paul Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo</b>	
DATE REC'D BY LOCAL REG. <b>OCT 15 1950</b>		REGISTRAR'S SIGNATURE <b>J. B. Lasata</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Kutis Funeral Home, Inc.</b> ADDRESS <b>2906 Gravois</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

*James C. Hill*

Signed.....

Student Embalmer

Licensed Embalmer No.

*4347*

P. O. Address

*2906 Grand*

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.