

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 9 1951

10301

State File No. _____

318

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2825

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 <u>Mo</u> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St LOUIS</u>		2169		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3539 Mc KEAN</u>				d. STREET ADDRESS (If rural, give location) <u>3539 Mc Kean</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u>		b. (Middle) _____		c. (Last) <u>Kodelja</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3 26 51</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>Dec 17 1897</u>		
9. AGE (In years last birthday) <u>53</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>9</u>		IF UNDER 24 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hwk</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Jugoslavia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Unknown</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Frank Kodelja</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Frank Kodelja 3539 Mc Kean</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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of cervix</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>Jan. 1950</u>		
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		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) <u>St. Louis Mo</u>				
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? <u>fall</u>				
22. I hereby certify that I attended the deceased from <u>Jan. 25, 1950</u> , to <u>Mar. 25, 1951</u> , that I last saw the deceased alive on <u>Jan. 25, 1951</u> , and that death occurred at <u>2 4</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Melvin D. Allan M.D.</u>				23b. ADDRESS <u>9701 Shandell Lane</u>		23c. DATE SIGNED <u>3-26-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>3-28-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u>		
DATE REC'D BY LOCAL REG. <u>MAR 27 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Luesater</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Moydell Funeral Home 1926 Allen Ave</u>				

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

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Government of ...

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 *me*

.....
working under my personal supervision.

Student Embalmer No.

Signed *Bob A. Hoffman*

Signed.....
Student Embalmer

Licensed Embalmer No. *4533*

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.