

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10926
Registrar's No. 10926

FILED DEC 15 1951

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN. <i>St. Louis</i>		2479
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>De Paul Hospital</i>			d. STREET ADDRESS (If rural, give location) <i>4826 Farlin Ave</i>		
3. NAME OF DECEASED (Type or Print) a. (First) <i>Cecilia</i>		b. (Middle)	c. (Last) <i>Kula</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>12-8-51</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Never Married</i>	8. DATE OF BIRTH <i>2-6-1903</i>	9. AGE (In years last birthday) <i>48</i>	IF UNDER 1 YEAR Months <i>7</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Supervisor</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Amer. Lith. Co.</i>	11. BIRTHPLACE (State or foreign country) <i>St. Louis</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13a. FATHER'S NAME <i>Robert Kula</i>		13b. MOTHER'S MAIDEN NAME <i>Frances Nowak</i>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <i>497-09-2175</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Thomas Kula</i>		ADDRESS <i>6331 Henner Ave</i>	
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.			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Adrenocortical atrophy</i>			INTERVAL BETWEEN ONSET AND DEATH <i>1 yr.</i>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Adrenal cortical atrophy</i>					
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 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)			
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? <i>274X</i>			
22. I hereby certify that I attended the deceased from <i>10-20-1951</i> to <i>11-8-1951</i> , that I last saw the deceased alive on <i>11-8-1951</i> , and that death occurred at <i>5:20 P.M.</i> , from the causes and on the date stated above.					
23a. SIGNATURE <i>Wayne Sole MD</i> (Degree or title)		23b. ADDRESS <i>2739 W. Grand</i>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>12-12-51</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis Missouri</i>		
DATE REC'D BY LOCAL REG. <i>DEC 10 1951</i>	REGISTRAR'S SIGNATURE <i>J. Earl Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Central Funeral Home</i> ADDRESS <i>5341 Riverview Blvd</i>		

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

John H. Hennrich

Licensed Embalmer No. 4194

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.