No. 300
10-48

FILED JAN 10 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43646

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 4041

1. PLACE OF DEATH
a. COUNTY St Louis -
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Manchester, Mo.
c. LENGTH OF STAY (In this place) 1 YR
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ManchesterNursingHome

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY 5.019
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
d. STREET ADDRESS (If rural, give location) 3626 Robert Ave.

3. NAME OF DECEASED (Type or Print) a. (First) Mary Komlosy b. (Middle) c. (Last)

4. DATE OF DEATH (Month) (Day) (Year) Dec.20,1951

5. SEX female

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed

8. DATE OF BIRTH Aug.3,1874

9. AGE (In years last birthday) 77 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none

10b. KIND OF BUSINESS OR INDUSTRY none

11. BIRTHPLACE (State or foreign country) Hungry 8

12. CITIZEN OF WHAT COUNTRY? UNK.

13a. FATHER'S NAME George Henesey

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE Michael Komlosy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. no

17. INFORMANT'S SIGNATURE OR NAME Mrs. Rosie Muranciu ADDRESS 3626 Robert

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) Chr. Myocarditis

ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Gen'l arteriosclerosis

DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 4221

20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan *19*51, *to* Dec 20, *19*51, *that I last saw the deceased alive on* Dec 19, *19*51, *and that death occurred at* 5a.m *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) C H Denny MD

23b. ADDRESS Creve Coeur Mo

23c. DATE SIGNED 12-20-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 12-22-51

24c. NAME OF CEMETERY OR CREMATORY New St.Marcus Cem.

24d. LOCATION (City, town, or county) (State) St.LouisContv, Mo.

DATE REC'D BY LOCAL REG. 12-20-51

REGISTRAR'S SIGNATURE Herbert R Domke MD

25. FUNERAL DIRECTOR'S SIGNATURE Southern Funeral Home ADDRESS 6322 S. Grand

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Chester Denney
Olive St Rd & Ballas -
that's west of Lindberg -
be there till about 1 P.M.

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 David Van Fossan

Licensed Embalmer No. 4242

P. O. Address 8332 So Hia

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.