

FILED JUN 27 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22244

State File No. 5185

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No.

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE<br>Missouri   |  | b. COUNTY   |  |
| b. CITY OR TOWN<br>St. Louis   |  | c. LENGTH OF STAY (in this place)  |  | c. CITY OR TOWN<br>St. Louis 2109   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br>Jewish Hospital,  |  | d. STREET ADDRESS<br>10 4229 Grove Street  |  | 6   |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>STEVE  |  | a. (First)   |  | b. (Middle)<br>KOVATS   |  |
| c. (Last)  |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br>June 4, 1952   |  |   |  |
| 5. SEX<br>Male   |  | 6. COLOR OR RACE<br>White  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br>Married                   |  |
| 8. DATE OF BIRTH<br>December 16, 1883  |  | 9. AGE (In years last birthday)<br>68  |  | 10. IF UNDER 1 YEAR Months Days   |  |
| 11. IF UNDER 24 HRS. Hours Min.  |  | 11. BIRTHPLACE (State or foreign country)<br>Austria   |  | 12. CITIZEN OF WHAT COUNTRY?<br>U.S.A.  |  |
| 13a. FATHER'S NAME<br>Michael Kovats   |  | 13b. MOTHER'S MAIDEN NAME<br>Veronica Feuch  |  | 14. NAME OF HUSBAND OR WIFE<br>Marie Kovats,  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br>No None   |  | 16. SOCIAL SECURITY NO.<br>333-03-7374   |  | 17. INFORMANT'S SIGNATURE OR NAME<br>Marie Kovats, 4229 Grove Street                |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Lung</u><br>INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u><br><br>ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>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?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21a. ACCIDENT SUICIDE HOMICIDE<br>(Specify)<br>Yes.  |  | 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) (Min.)   |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  | 21f. HOW DID INJURY OCCUR?<br>163X  |  |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>11:45p.</u> , from the causes and on the date stated above. |  |  |  |   |  |
| 23a. SIGNATURE<br><u>E. S. Strass, M.D.</u>  |  | (Degree or title)  |  | 23b. ADDRESS<br>532 N. Grand.   |  |
| 23c. DATE SIGNED<br>6/5/52   |  | 24a. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial  |  | 24b. DATE<br>June 7, 1952   |  |
| 24c. NAME OF CEMETERY OR CREMATORY<br>Calvary Cemetery   |  | 24d. LOCATION (City, town, or county)<br>St. Louis, Missouri   |  | (State)   |  |
| DATE REC'D BY LOCAL REG.<br>JUN 6 1952   |  | REGISTRAR'S SIGNATURE<br><u>J. Cash Smith M.D.</u>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br>W. A. Stock, 2117 E. Grand Blvd.                |  |

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 *Frank A. Moore* \_\_\_\_\_

Licensed Embalmer No. *3041* \_\_\_\_\_

P. O. Address *2117 E. 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.