

STANDARD CERTIFICATE OF DEATH

 State File No. **29698**

BIRTH AUG 22 1952		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 7424	
1. PLACE OF DEATH a. COUNTY b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Louis c. LENGTH OF STAY (In this place) d. FULL NAME OF HOSPITAL OR INSTITUTION 6233 Northwood Avenue				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 2159 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 0 d. STREET ADDRESS (If rural, give location) 6233 Northwood Avenue			
3. NAME OF DECEASED (Type or Print) a. (First) Nellie Frances b. (Middle) Kratky c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) August 2, 1952				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married 8/11/25	8. DATE OF BIRTH Oct. 10, 1902	9. AGE (In years) last birthday Months Days 49 9 22	IF UNDER 1 YEAR Hours Min.	IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (State or foreign country) St. Louis, Mo. 0		12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME Cornelius Patrick O'Connor		13b. MOTHER'S MAIDEN NAME Margaret Culleton	14. NAME OF HUSBAND OR WIFE Chester C. Kratky				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Chester C. Kratky, 6233 Northwood Av.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH ?		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Lipo Sarcoma of l. thigh	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 Mar. '50	19b. MAJOR FINDINGS OF OPERATION Sarcoma				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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 197X					
22. I hereby certify that I attended the deceased from Jan. 1, 1950, to Aug. 2, 1952, that I last saw the deceased alive on Aug. 2, 1952, and that death occurred at 1:10 P. M., from the causes and on the date stated above.							
23a. SIGNATURE <i>Burch Haynes</i>		(Degree or title) M. D.	23b. ADDRESS 3720 Washington Bl.		23c. DATE SIGNED 8/2/52		
24a. BURIAL (CREMATION, REMOVAL) (Specify) Cremation	24b. DATE 8/4/52	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Chapel	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.				
DATE REC'D BY LOCAL REG. AUG 4 1952	REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ambruster Mortuary, 6633 Clayton Rd.				

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.....

Ernest W. Spillers

Signed.....

Student Embalmer

Licensed Embalmer No. *44080*

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.