

STANDARD CERTIFICATE OF DEATH

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

FILED SEP 9 - 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 2298

1. PLACE OF DEATH a. COUNTY St. Louis County		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pine Lawn		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pine Lawn	
c. LENGTH OF STAY (In this place) 29 years		4/51	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4009 Beachwood Ave		d. STREET ADDRESS (If rural, give location) 4009 Beachwood Ave	

3. NAME OF DECEASED (Type or Print) Eleanor A Kiwala.			4. DATE OF DEATH (Month) (Day) (Year) Sept 3 1952		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3	8. DATE OF BIRTH Oct 6, 1911		9. AGE (In years) Last birthday (Months) (Days) 40 10 28
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Typist.		10b. KIND OF BUSINESS OR INDUSTRY Kroger Baking Co. Ill		11. BIRTHPLACE (State or foreign country) Ill	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME John Budzinski		13b. MOTHER'S MAIDEN NAME Frances Ubik		14. NAME OF HUSBAND OR WIFE Walter	
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. 493-03-073		17. INFORMANT'S SIGNATURE OR NAME ADDRESS John Budzinski 2040 Switzer Ave	

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.		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Self inflicted strangulation by ligature.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			974X
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 type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Pine Lawn St. Louis Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) 9-3-52 5:30 P.M.		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Strangulation by ligature	

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 _____ m. from the causes and on the date stated above.

22a. SIGNATURE Donald J. Willmann		(Degree or title) Coroner		23b. ADDRESS Clayton, 5, Mo.	
23c. DATE SIGNED 9/3/52		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept 6, 1952	
24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, MO.			

DATE REC'D BY LOCAL REG. 9-4-52		REGISTRAR'S SIGNATURE Herbert R. Dombke		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Büchholz-Koeller 5967 W. Florissant Ave	
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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 J. Davis

Licensed Embalmer No. *4108*

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.