

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED APR 4 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3115

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1026 Garth Ave.</u>		e. STREET ADDRESS (If rural, give location) <u>1026 Garth Ave</u> <u>2089</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u> b. (Middle) <u>J</u> c. (Last) <u>Kulage</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 20 1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec 21, 1874</u>
9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>27</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk Tool Room</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>St. Louis Car CO St. Louis, MO</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Kulage</u>		13b. MOTHER'S MAIDEN NAME <u>Caroline Schuerman</u>	
14. NAME OF HUSBAND OR WIFE <u>Cunigunda Kulage.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give year or dates of service) <u>NONE</u>		16. SOCIAL SECURITY NO. <u>489-12-0275</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Cunigunda Kulage</u>		ADDRESS <u>1026 Garth Ave.</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of prostate</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General metastases</u> 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 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? <u>177X</u>			
22. I hereby certify that I attended the deceased from <u>Oct 1948</u> , to <u>3-20, 1953</u> , that I last saw the deceased alive on <u>3-20, 1953</u> , and that death occurred at <u>11:55 Pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>8321 N Broadway</u>	
23c. DATE SIGNED <u>3-23-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 24, 1953</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, MO. MO</u>	
DATE REC'D BY LOCAL REG. <u>MAR 23 1953</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith MD</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Buchholz-Koeller 5967 W. Florissant Ave.</u>	

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.....  
Signature of Student Embalmer

Signed *W. J. Bucho*.....

Licensed Embalmer No..... 455

P. O. Address..... St. Louis

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.