

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11872

State File No.

2574

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE MISSOURI b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, 2269

d. FULL NAME OF HOSPITAL OR INSTITUTION HOLZMAN NO. BROADWAY

d. STREET ADDRESS (If rural, give location) 26 4047 a NO. BROADWAY

3. NAME OF DECEASED (Type or Print)
a. (First) JULIA b. (Middle) _____ c. (Last) KUTZGAR

4. DATE OF DEATH (Month) (Day) (Year)
MARCH 6, 1953

5. SEX FEMALE

6. COLOR OR RACE WHITE

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

8. DATE OF BIRTH 10/15/1883

9. AGE (In years last birthday) 69 8 1 0 0 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (City and State or Foreign Country) YUGOSLAVIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME JOHN SEELAGY

13b. MOTHER'S MAIDEN NAME UNKNOWN

14. NAME OF HUSBAND OR WIFE VASA KUTZGAR

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 EDWARD KUTZGAR 4620 NATURAL BRIDGE 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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Colon
INTERVAL BETWEEN ONSET AND DEATH 1 year
ANTECEDENT CAUSES _____
Morbidity 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 _____

19b. MAJOR FINDINGS OF OPERATION _____

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)
153x

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____

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 Dec. 1952 to 3-6-53, 1953, that I last saw the deceased alive on 3-6, 1953, and that death occurred at 9:40 m., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) Clyde E. Fove M.D.

23b. ADDRESS 706 Wilton

23c. DATE SIGNED 3-7-53

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

24b. DATE 3/9/53

24c. NAME OF CEMETERY OR CREMATORY MT HOPE CEMETERY

24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY MO

DATE RECD BY LOCAL MAR 9 1953

REGISTRAR'S SIGNATURE [Signature]

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STROOT - CARROLL 4600 NATURAL BRIDGE AVE

(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300
V. 10.48

FILED MAR 24 1953

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 Albert Mayfield

Licensed Embalmer No. 3077

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.