S. No. 300
r. 10.48

FILED SEP 24 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33579

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8686

1. PLACE OF DEATH
a. COUNTY St. Louis, Missouri
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, Missouri
c. LENGTH OF STAY (in this place) 2 mnts
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Louis City Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN St Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) 23 1846 Russell Blvd 2239

3. NAME OF DECEASED (Type or Print)
a. (First) ~~[illegible]~~ b. (Middle) Jennie (Kuman) c. (Last) Kumany

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

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M
8. DATE OF BIRTH 1894 Dec. ~~5, 1883~~
9. AGE (In years last birthday) ~~59~~ 58 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

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) Albania
12. CITIZEN OF WHAT COUNTRY? U S

13a. FATHER'S NAME Unknown
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE George

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS George Kumany 1846 Russell Blvd

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes mellitus — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Diabetic neuropathy
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) 260X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
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* 6-3-53, 19__, *to* 9-5-53, 19__, *that I last saw the deceased alive on* 9-5-53, 19__, *and that death occurred at* 3:40AM *m., from the causes and on the date stated above.*

23a. SIGNATURE H S Knotts, MD (Degree or title)
23b. ADDRESS 1515 Lafayette
23c. DATE SIGNED 9-5-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 9/9/53
24c. NAME OF CEMETERY OR CREMATORY St Mathews Cemetery
24d. LOCATION (City, town, or county) (State) St Louis Missouri

DATE REC'D BY LOCAL REG. SEP 8 1953
REGISTRAR'S SIGNATURE J Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Moydell Funeral Home 1926 Allen Av

(Licensed Embalmer's Statement on Reverse Side)

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

Call by ...

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Reinhold F. Lohm

Licensed Embalmer No. 339

P. O. Address .....

- Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of City of St Louis

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 33579
Local Registrar's No. 8686

On this 23 day of September, 1953 before me appears George Kumany, who, upon his oath, states that the original record of ~~birth~~ death for Jennie Kumany ~~born~~ died Sept 6 1953, 19..., in the State of Missouri, and which was filed at St Louis on Sept 8, 19 53 should be corrected as follows:

Item No. 3 should read Jennie (Kuman) Kumany
Instead of Jennie Kumany

Item No. 8 should read Born Dec 24 1894
Instead of Born Dec 5 1883

Item No. 9 should read Age 58
Instead of Age 69

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

Item No. ... should read ...
Instead of ...

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant X George Kumany
Relationship. Husband

1846 Russell Blvd
Present Address.

Subscribed and sworn to before me this 23 day of September, 194 53

My Commission expires: My Commission Expires September 22, 1954 George Sobola Notary Public.