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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10190

BIRTH NO. FILED APR 6 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2622

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS
c. LENGTH OF STAY (In this place): 1 DAY
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): LUTHERAN HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: MISSOURI
b. COUNTY: ST. LOUIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LEMAY 4854
d. STREET ADDRESS (If rural, give location): 644 BELLSWORTH

3. NAME OF DECEASED (Type or Print)
a. (First): JOSEPH
b. (Middle): ***
c. (Last): KOLLACK

4. DATE OF DEATH (Month) (Day) (Year): MARCH 20, 1954

5. SEX: MALE 0
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: JULY 1, 1893
9. AGE (In years last birthday): 60 — 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): DIE SETTER
10b. KIND OF BUSINESS OR INDUSTRY: KNAPP-MONARK CO.
11. BIRTHPLACE (City and State or Foreign Country): CHICAGO, ILLINOIS
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: GEORGE KOLLACK
13b. MOTHER'S MAIDEN NAME: THEKLA WATIGA
14. NAME OF HUSBAND OR WIFE: ELSIE URANSCHEK
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): NONE
16. SOCIAL SECURITY NO.: 497-01-2108
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: ELSIE KOLLACK 644 BELLSWORTH LEMAY 23 MO.

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) Cardiac Failure — Interval between onset and death: 1 hr.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Generalized Carcinoma — 6 mos
DUE TO (c) Carcinoma of Bladder — 6 mos

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION: 9/16/53
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Bladder - TVR
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: 181X

22. *I hereby certify that I attended the deceased from* 9-14, 1953 *to* 3-20, 1954, *that I last saw the deceased alive on* 3-20, 1954, *and that death occurred at* 5 P.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Frank G. Zingale M.D.
23b. ADDRESS: 16 Hampton Village
23c. DATE SIGNED: 3-22-54
24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: MAR. 24, 1954
24c. NAME OF CEMETERY OR CREMATORY: RESURRECTION
24d. LOCATION (City, town, or county) (State): WATSON & MCCKENZIE, AFFTON

DATE REC'D BY LOCAL REG.: MAR 22 1954
REGISTRAR'S SIGNATURE: J. Carl Smith M.D. M.J.B.
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: C. HOFFMEISTER U. & L. CO. 7814 SO. BROADWAY ST. LOUIS, MO.

(Licensed Embalmer's Statement on Reverse Side)

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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 T. Broadway

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.