

FILED APR 2 1 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13684

3187

BIRTH NO. _____		REG. DIST. NO. <u>318</u>	PRIMARY REG. DIST. NO. <u>1003</u>	Registrar's No. _____
1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY _____		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>St Louis Mo</u>		c. CITY OR TOWN <u>St Louis</u>	d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>4961 Laclede</u>		e. STREET ADDRESS (If rural, give location) <u>12 4961 Laclede</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Adole</u> b. (Middle) <u>Stey</u> c. (Last) <u>Koninski</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4 8 54</u>		
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Wid.</u>	8. DATE OF BIRTH <u>Sept 23, 1872</u>	9. AGE (In years last birthday) <u>81</u> If under 1 year: Months _____ Days _____ If under 1 mo. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Cincinnati Ohio</u>	12. CITIZEN OF WHAT COUNTRY? <u>-</u>
13a. FATHER'S NAME <u>Henry Stey</u>		13b. MOTHER'S MAIDEN NAME <u>Fanny Tracy</u>	14. NAME OF HUSBAND OR WIFE <u>deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Chas Rice #1 Oak Knoll</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ventricular fibrillation - myocardial infarction - coronary arteriosclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>-</u> DUE TO (c) <u>-</u>		INTERVAL BETWEEN ONSET AND DEATH <u>-</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Parkinsonism - Cerebral atrophy</u>		19a. DATE OF OPERATION _____		
19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <u>420.1</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>-</u>	
22. I hereby certify that I attended the deceased from <u>4/5</u> , 19 <u>54</u> , to <u>4/9</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>4/7</u> , 19 <u>54</u> , and that death occurred at <u>2:20</u> p.m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Norman T. Blumenthal M.D.</u>		23b. ADDRESS <u>216 S. Kingshighway</u>		23c. DATE SIGNED <u>4/8/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>cremation</u>	24b. DATE <u>4/9/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla</u>	24d. LOCATION (City, town, or county) (State) <u>St Louis Co Mo</u>	
DATE REC'D BY LOCAL REG. <u>APR 8 1954</u>	REGISTRAR'S SIGNATURE <u>J. Earl Smith Md</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mayer 4356 Lindell</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 28 1954

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 *Robert M. Murray*
Licensed Embalmer No. *3749*

Licensed Embalmer No.....

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.