

FILED JUN 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20810

1003 Registrar's No. 4784

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. 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 MO c. LENGTH OF STAY (in this place) _____

c. CITY OR TOWN ST. LOUIS d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION: 3958 MERAMEC e. STREET ADDRESS (If rural, give location) 15 3958 MERAMEC

3. NAME OF DECEASED a. (First) MARY b. (Middle) - c. (Last) KOMRSKA 4. DATE OF DEATH (Month) (Day) (Year) MAY 27 1954

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW 8. DATE OF BIRTH OCT 2 1868 9. AGE (In years last birthday) 85 If UNDER 1 YEAR: Months _____ Days _____ If UNDER 1 MRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WIDOW 10b. KIND OF BUSINESS OR INDUSTRY AT HOME 11. BIRTHPLACE (City and State or Foreign Country) MISSOURI 12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME JOSEPH MEYER 13b. MOTHER'S MAIDEN NAME MARY BAUM 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME MARY DORAK ADDRESS 3958 MERAMEC

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mild cerebral hemorrhage INTERVAL BETWEEN ONSET AND DEATH 90 days
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES
Morbid 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) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? 331x

22. I hereby certify that I attended the deceased from 7/22, 1954, to 5/27, 1954, that I last saw the deceased alive on 4/27, 1954, and that death occurred at 1:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) William J. Volans MD 23b. ADDRESS 4531 Vugener 23c. DATE SIGNED 5/25/54

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE MAY 31 1954 24c. NAME OF CEMETERY OR CREMATORY S. S. PETER Y PAUL 24d. LOCATION (City, town, or county) (State) ST. LOUIS MO

DATE REC'D BY LOCAL REG. MAY 29 1954 REGISTRAR'S SIGNATURE J. Carl Smith MD 25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kuteis ADDRESS 2906 Grand

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.....
Licensed Embalmer No. 398
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.