

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED OCT 26 1954

No. 300
10-48

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 9172	
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. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN ST. LOUIS		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 3038 EADS AVENUE - 17				e. STREET ADDRESS (If rural, give location) 3038 EADS AVENUE 2170			
3. NAME OF DECEASED (Type or Print) a. (First) ROSA b. (Middle) BODOCZY c. (Last) KIRALY			4. DATE OF DEATH (Month) (Day) (Year) OCT. 7 1954				
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH AUGUST 26, 1888	
9. AGE (In years last birthday) 66-		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SEAMSTRESS		10b. KIND OF BUSINESS OR INDUSTRY DRESS-MAKING		11. BIRTHPLACE (City and State or Foreign Country) HUNGARY	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME _____		13b. MOTHER'S MAIDEN NAME NOT KNOWN -		14. NAME OF HUSBAND OR WIFE FRANK KIRALY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 500-18-5504		17. INFORMANT'S SIGNATURE OR NAME MATHILDA BARANJAI ADDRESS 7311 FLORA, MARLBOROUGH			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Occlusion DUE TO (c) Coronary Sclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH _____
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) 4201			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR _____			
22. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:19 AM. , from the causes and on the date stated above.							
23a. SIGNATURE Dorothy Taylor Caronec (Degree or title) _____				23b. ADDRESS 1300 Clark		23c. DATE SIGNED OCT 9 1954	
24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION		24b. DATE OCT. 11, 1954		24c. NAME OF CEMETERY OR CREMATORY MISSOURI CREMATORY - ST. LOUIS, MISSOURI		24d. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL REG. OCT 11 1954		REGISTRAR'S SIGNATURE Carl Smith		25. EMBALMER'S SIGNATURE M. J. Coaghan ADDRESS 7146 MANCHESTER AV.			

WRITE PLAINLY—USING UNFAADING 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 *Bill C. [Signature]*.....

Licensed Embalmer No. *776*

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.**