

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20174

FILED JUN 20 1955

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4727**

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) St. Louis,		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis,	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5021 Ulena St.		STREET ADDRESS (If rural, give location) 15 5021 Ulena St.,			
3. NAME OF DECEASED (Type or Print) a. (First) Sophie		b. (Middle)		c. (Last) Kulikowski,	
4. DATE OF DEATH (Month) (Day) (Year) May 28, 1955.		5. SEX Female.		6. COLOR OR RACE White,	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed,		8. DATE OF BIRTH May 15, 1883		9. AGE (In years last birthday) 72	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY At Home,		11. BIRTHPLACE (City and State or Foreign Country) Radom, Illinois, /	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Unknown.		13b. MOTHER'S MAIDEN NAME Unknown,	
14. NAME OF HUSBAND OR WIFE Casimir Kulikowski, (deceased)		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mo. John C. Kulikowski, 9225 Southview, Affton,					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)					
MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart Failure		INTERVAL BETWEEN ONSET AND DEATH 30 min			
ANTECEDENT CAUSES		DUE TO (b) arteriosclerotic heart		5 yrs	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Hypertension		10 yrs	
II. OTHER SIGNIFICANT CONDITIONS		Cerebral hemorrhage		3 yrs	
Conditions contributing to the death but not related to the disease or condition causing death.		(Hemiplegia RT)			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	
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? 4200	
22. I hereby certify that I attended the deceased from June, 1955 , to May 28, 1955 , that I last saw the deceased alive on May 26, 1955 , and that death occurred at 6:40 P.M. , from the causes and on the date stated above.					
23a. SIGNATURE D. Hanger M.D.		(Degree or title)		23b. ADDRESS 4952 Maryland Ave	
23c. DATE SIGNED 5/31/55		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial,		24b. DATE 6/1/55	
24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery,		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri,			
DATE REC'D BY LOCAL REG. MAY 31 1955		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gebken-Benz Mortuary, 2842 Meramec St., St. Louis, 18, Mo.	

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 m^e....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Joe S. Benz

Licensed Embalmer No. 424

2842 Meramec

P. O. Address ... St., Louis, Mo.

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.