

FILED NOV 23 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 38555  
10004

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's 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) ST. LOUIS Mo		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN ST. LOUIS
d. FULL NAME OF HOSPITAL OR INSTITUTION 6652 <sup>2</sup> GRAVOIS		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) MARIE b. (Middle) - c. (Last) LUX		4. DATE OF DEATH (Month) (Day) (Year) Nov. 14 1955	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH Nov. 24 1878
9. AGE (In years last birthday) 76	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WIDOW	11. BIRTHPLACE (City and State or Foreign Country) HUNGARY	12. CITIZEN OF WHAT COUNTRY? 8
13a. FATHER'S NAME CARL KAUTZNER	13b. MOTHER'S MAIDEN NAME MARIE HUNJAR	14. NAME OF HUSBAND OR WIFE UNKNOWN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME a ADDRESS CHARLES LUX 6652 <sup>2</sup> GRAVOIS	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ventricular Fibrillation  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Hemorrhage DUE TO (c) Atherosclerotic Heart Disease  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Coma 2 1/2 hours John V. Lawrence MD 11/17/55 John Smith MD 11/17/55		INTERVAL BETWEEN ONSET AND DEATH 2 hours 7 hours years? 3 hours
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 420.0	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?			

22. I hereby certify that I attended the deceased from 11-14, 1955, to 11-14, 1955, that I last saw the deceased alive on 11-14, 1955, and that death occurred at 10:40 A.M., from the causes and on the date stated above.

23a. SIGNATURE John V. Lawrence MD (Degree or title)	23b. ADDRESS 3720 Washington Ave St Louis 8 Mo	23c. DATE SIGNED 11-16-55
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE Nov. 17 1955	24c. NAME OF CEMETERY OR CREMATORY SUNSET BURIAL
24d. LOCATION (City, town, or county) ST. LOUIS Mo	25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kates 2906. Seaville	ADDRESS
DATE RECEIVED BY LOCAL REG. NOV 16 1955	REGISTRAR'S SIGNATURE Carl Smith MD	

MDK (Licensed Embalmer's Statement on Reverse Side)

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.....  
*Samuel C. Hill*

Licensed Embalmer No.....  
*435*

P. O. Address.....  
*29th St*

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.