FILED MAR 12 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7503

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 496

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Clayton
c. LENGTH OF STAY (in this place) 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Louis County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY St. Louis
c. CITY OR TOWN Kirkwood 4773
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) 146 Saratoga Ave.

3. NAME OF DECEASED (Type or Print)
a. (First) Verna
b. (Middle) F.
c. (Last) Kostedt

4. DATE OF DEATH (Month) (Day) (Year) 2 - 18 - 56

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH June 5, 1911
9. AGE (In years last birthday) 44 — IF UNDER 1 YEAR Months 8 Days 13 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY At home
11. BIRTHPLACE (City and State or Foreign Country) Waynesville, Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Fred Hammock
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE B en D. Kostedt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Benjamin D. Kostedt, Kirkwood, Mo. ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Squamous cell Carcinoma of Cervix — INTERVAL BETWEEN ONSET AND DEATH 2 years

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) distant metastases — 1 year
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*
Hypertensive cardiovascular disease — 5 years
Hemiplegia due to cerebral vascular accid. — 1 year

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 171X
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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-13-, 1956, *to* 2-18, 1956, *that I last saw the deceased alive on* 2-18, 1956, *and that death occurred at* 3:45 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE Robert S. Pfeffer (Degree or title) MD
23b. ADDRESS 601 So. Brentwood
23c. DATE SIGNED 2/18/56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 2/21/56
24c. NAME OF CEMETERY OR CREMATORY St. Lucas Hospital Cem.
24d. LOCATION (City, town, or county) (State) Sappington, Mo.

DATE REC'D BY LOCAL REG. 2-20-56
REGISTRAR'S SIGNATURE Herbert R. Domb MD Sr.
25. FUNERAL DIRECTOR'S SIGNATURE Louis H. Bopp, Mc. ADDRESS Kirkwood Mo.

(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 embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....Felix Durand.....

Licensed Embalmer No..30.3

P. O. Address..Kirkwoo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.