

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED APR 26 1956

State File No. **14664**  
Registrar's No. **3537**

**318**

**1003**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_

<b>1. PLACE OF DEATH</b> a. COUNTY _____  b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>  c. LENGTH OF STAY (in this place) _____  d. FULL NAME OF HOSPITAL OR INSTITUTION <b>De Paul Hospital</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Lincoln</b>  c. CITY OR TOWN <b>Winfield</b>  d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
STREET ADDRESS (If rural, give location) <b>Winfield, Missouri.</b>		4. DATE OF DEATH <b>April 7 1956</b>	

<b>3. NAME OF DECEASED</b> (Type or Print) <b>Anna Kamins</b>			a. (First) _____ b. (Middle) _____ c. (Last) _____		
<b>5. SEX</b> <b>Female</b>		<b>6. COLOR OR RACE</b> <b>White</b>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>Widowed</b>	
<b>8. DATE OF BIRTH</b> <b>June 8, 1882</b>		<b>9. AGE (In years last birthday)</b> <b>73 yrs</b>		<b>10. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Own Home</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Germany</b>	

<b>13a. FATHER'S NAME</b> <b>Unknown Nolde</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Unknown</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Late August Kamins</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b> <b>Unknown</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Mr. Carl Kamins, Winfield, Missouri.</b>	

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Metathesis general abdominal carcinomatosis</b>					INTERVAL BETWEEN ONSET AND DEATH <b>1yr.</b>
*This does not mean the mode of dying, such as heart failure, asthenia, 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) <b>from carcinoma of the uterus.</b>					<b>1yr.</b>
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <div style="text-align: right; font-size: 2em;"><b>174x</b></div>			<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____		
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.) _____		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b> _____		

22. I hereby certify that I attended the deceased from Nov. 14, 1955, to April 7, 1956, that I last saw the deceased alive on April 7, 1956, and that death occurred at 5:15P m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> <b>Frank R. Finnegan</b> (Degree or title) _____		<b>23b. ADDRESS</b> <b>539 North Grand St. Louis 3, Mo.</b>		<b>23c. DATE SIGNED</b> <b>4-9-56</b>	
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Removal</b>		<b>24b. DATE</b> <b>April 10, 1956</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Memorial Park Cemetery</b>	
		<b>24d. LOCATION (City, town, or county) (State)</b> <b>St. Louis County, Missouri.</b>			

<b>DATE REC'D BY LOCAL REG.</b> <b>APR 9 1956</b>		<b>REGISTRAR'S SIGNATURE</b> 		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>CALVIN F. FEUTZ</b>	
		ADDRESS <b>4828 Nat'l. Bridge Boulevard</b>		<b>Funeral Home, Insc</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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..... *Raymond E. Fisher*

Licensed Embalmer No.... 42

P. O. Address... *St. Louis*

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