

FILED JUN 14 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18173

Registration District No. 318 Primary Registration District No. 1003 STATE FILE NUMBER  
Registrar's No. 4561

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		a. STATE <u>Illinois</u> b. COUNTY <u>St. Clair</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3919 Iowa St.</u>		d. STREET ADDRESS (If outside, give location) <u>3016 N. 49th St.</u>	
Length of stay in 1b <u>2 days</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <u>Patricia</u> <u>Veronica</u> <u>Kurinsky</u>			4. DATE OF DEATH <u>May 9, 1956</u>		
5. SEX <u>Female</u>			6. COLOR OR RACE <u>White</u>		
7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			8. DATE OF BIRTH <u>Oct. 15-1893</u>		
9. AGE (In years last birthday) <u>62</u>			IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Lithuania</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13. FATHER'S NAME <u>Mathew Zickus</u>		
14. MOTHER'S MAIDEN NAME <u>Mary Shimkus</u>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		
16. SOCIAL SECURITY NO. <u>None</u>			17. INFORMANT <u>Pete Kupinski</u> Address <u>3016 N. 49th St.</u>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Adenocarcinoma intra-abdominal</u> <u>(primary site undetermined)</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 yrs.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.				DUE TO (b) _____	
				DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>Aug. 20, 1954</u> to <u>March 28, 1956</u> and last saw <u>her</u> alive on <u>Mar. 28, 1956</u> Death occurred at <u>4:45 P. M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>E. P. Villiam, M.D.</u> (Degree or title)		22b. ADDRESS <u>Barnes Hospital</u>		22c. DATE SIGNED <u>5/10/56</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>5-10-1956</u>		23c. NAME OF CEMETERY OR CREMATORY	
		23d. LOCATION (City, town, or county) <u>East St. Louis, Ill.</u>		(State)	
24. FUNERAL DIRECTOR <u>John J. Kassly - B. St. Louis, Ill.</u>		25. DATE RECD. BY LOCAL REG. <u>MAY 10 1956</u>		26. REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u> <u>S.P.</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was  
by me, or by ..... Student Embalmer No. ....  
working under my personal supervision..

*Not Embalmed*

Student.....  
Signature of Student Embalmer

Signed.....  
*Joseph J. Karsly*

Licensed Embalmer No. 7

P. O. Address.....  
*Elk Co.*

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