

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25080

State File No. _____

FILED JUL 20 1956

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 5946

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 5946	
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 town or township) St. Louis		c. LENGTH OF STAY (in this place) Days 1 mo		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Chronic Hospital				e. STREET ADDRESS (If rural, give location) 1814 So. 13th., St. 2239			
3. NAME OF DECEASED (Type or Print) a. (First) Agnes		b. (Middle) _____		c. (Last) Kubik		4. DATE OF DEATH (Month) 6 (Day) 22 (Year) 1956	
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 1/18/1873	
9. AGE (In years last birthday) 83		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) Europe	
11. BIRTHPLACE (City and State or Foreign Country) Europe		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Mike Broshek		13b. MOTHER'S MAIDEN NAME Agnes ?	
13a. FATHER'S NAME Mike Broshek		13b. MOTHER'S MAIDEN NAME Agnes ?		14. NAME OF HUSBAND OR WIFE Wm. Kubik		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS St. Louis Chronic Hospital, 56-5800 Arsenal			
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) Recurrent Adenocarcinoma of Right Breast ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Right Breast DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease				INTERVAL BETWEEN ONSET AND DEATH 6 yrs	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 170x				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____	
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 5/27, 1953, to 6/22, 1956, that I last saw the deceased alive on 6/22, 1956, and that death occurred at 5:40A m., from the causes and on the date stated above.							
23a. SIGNATURE George M. Franka, M.D. (Degree or title)				23b. ADDRESS 5600 Arsenal		23c. DATE SIGNED June 22, 1956	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/25/56		24c. NAME OF CEMETERY OR CREMATORY New Picker Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Missouri.	
DATE REC'D BY LOCAL REG. JUN 23 1956		REGISTRAR'S SIGNATURE Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Moydell Funeral Home-1926 Allen Ave			

WRITE PLAINLY—USING UNFADEING 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 *Remond K. Lohman*.....

Licensed Embalmer No. *3395*.....

P. O. Address *St. L. 4 M*.....

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.