

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **32173**  
 Registrar's No. **6896**

FILED SEP 19 1956  
 BIRTH NO. **1 4 5 7 6 - 5 6** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St Louis</b>				
b. CITY (If outside corporate limits, write RURAL and give town) <b>St Louis</b>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>4790 Crestwood</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Saint Louis Maternity</b>		e. STREET ADDRESS (If rural, give location) <b>9201 Watson Road</b>				
3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last) <b>Kobylinski</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 11 1956</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>---</b>	8. DATE OF BIRTH <b>July 5 1956</b>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min. <b>5 3 15</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>---</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>---</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St Louis Missouri</b>		
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Robert Edmund Kobylinski</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Ann Davis</b>		
14. NAME OF HUSBAND OR WIFE <b>---</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>---</b>		16. SOCIAL SECURITY NO. <b>---</b>		
17. INFORMANT'S SIGNATURE OR NAME <b>Mary Ann Kobylinski</b>		ADDRESS <b>above</b>				
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) <b>congenital malformation</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>imperfectly fused micrencephalic plate hydranion</b> DUE TO (c) <b>---</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>753.1</b>			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 <b>July 5</b> , 19 <b>56</b> , to <b>July 11</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>July 11</b> , 19 <b>56</b> , and that death occurred at <b>2:00 A.M.</b> , from the causes and on the date stated above.						
23a. SIGNATURE <b>S. Mauler M.D.</b> (Degree or title)		23b. ADDRESS <b>100 N. Euclid</b>		23c. DATE SIGNED <b>7-18-56</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>7-31-56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Anatomical Board</b>		
24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Paul Smith M.D.</b> ADDRESS <b>4104 Manchester</b>				
DATE REC'D BY LOCAL REG. <b>JUL 25 1956</b>		REGISTRAR'S SIGNATURE <b>Paul Smith M.D.</b> <i>mjs</i> (Licensed Embalmer's Statement on Reverse Side)				

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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.....

Licensed Embalmer No.....

P. O. Address .....

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.