

FILED NOV 16 1956

STANDARD CERTIFICATE OF DEATH

35986

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9563

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St Louis</i> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>St Louis</i> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>City Hosp</i> Length of stay in 1b		9. STREET ADDRESS <i>3228 Chouteau</i> outside, give location Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <i>KONNIE</i> First <i>Konnie</i> Middle <i>Na</i> Last <i>115</i>		4. DATE OF DEATH <i>Oct. 16 1956</i> Month <i>Oct.</i> Day <i>16</i> Year <i>1956</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>Negro</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>6 Oct 1952</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>None</i>	9. AGE (In years last birthday) <i>4</i> IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (City and state or country) <i>N.Y.</i>		12. CITIES OF WHAT COUNTRY? <i>U.S.</i>	
13. FATHER'S NAME <i>Nyssa Kalls</i>		14. MOTHER'S MAIDEN NAME <i>Annie Rana Haymore</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No</i> (If no, give year or dates of service)		16. SOCIAL SECURITY NO. <i>---</i>	
17. INFORMANT <i>Nyssa Kalls</i> Address <i>3228 Chouteau</i>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Pyelo Nephritis;</i> DUE TO (b) <i>Urteral transplant into the</i> DUE TO (c) <i>Sigmoid for extrophy of the</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Bladder, Congenital</i>			INTERVAL BETWEEN ONSET AND DEATH
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.) <i>757.3</i>		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <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 _____ to _____ and last saw her alive on _____ Death occurred at <i>11:28 A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Salvino J. Taylor</i> (Degree or title)		22b. ADDRESS <i>1300 Clark Ave</i>	22c. DATE SIGNED <i>10/20/56</i>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>20 Oct 56</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Oakdale Cemetery</i>	23d. LOCATION (City, town, or county) <i>St Louis Mo</i>
24. FUNERAL DIRECTOR <i>Reliable Funeral Hqs</i> ADDRESS <i>1389 N. Union</i>	25. DATE RECD. BY LOCAL REG. <i>OCT 20 1956</i>	26. REGISTRAR'S SIGNATURE <i>Paul Smith MD</i> <i>m&b</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Paul V. Freeman*.....

Licensed Embalmer No.

P. O. Address *4729 Ha*.....

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.