

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14766

STATE FILE NUMBER

FILED MAY - 8 1957

318

1003

3873

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY _____			
-b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St Louis Mo</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY - - - OR TOWN <u>St Louis</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE <u>4706a Michigan</u>				Length of stay in lb <u>2/15</u>		STREET ADDRESS (If outside, give location) <u>4706a Michigan</u>	
3. NAME OF DECEASED (Type or print) First <u>Anna</u> Middle <u>C</u> Last <u>Hanor</u>				4. DATE OF DEATH Month <u>4</u> Day <u>21</u> Year <u>57</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>July 24-1895</u>	
9. AGE (In years last birthday) <u>61</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Table Waiter</u>		11. BIRTHPLACE (City and state or country) <u>Perry County ILL'S</u>		12. CITIZEN OF WHAT COUNTRY? <u>Yes USA</u>	
13. FATHER'S NAME <u>Thomas Kurowski</u>				14. MOTHER'S MAIDEN NAME <u>Mary Zielinska</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>###</u>		16. SOCIAL SECURITY NO. <u>495-26-9886</u>		17. INFORMANT Address <u>Mrs Martha Deinowski 4706 Michiga</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>Genic metastasis Carcinoma</u> <u>Carcinoma breast - right</u> 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) _____						INTERVAL BETWEEN ONSET AND DEATH <u>1 mo</u> <u>8 mos</u>	
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.) <u>170x</u>	
20c. TIME OF INJURY Hour _____ 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 _____		CITY _____ STATE _____	
21. I attended the deceased from <u>6/29/53</u> to <u>4/24/57</u> and last saw her <u>live</u> alive on <u>4/24/57</u> . Death occurred at <u>10:20</u> A. M. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>R. Nachmeyer M.D.</u>				22b. ADDRESS <u>4065 S. Grand</u>		22c. DATE SIGNED <u>4/23/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>4-24-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cem</u>		23d. LOCATION (City, town, or county) (State) <u>St Louis County</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Central Und Co 1841 Cass ave</u>				25. DATE RECD. BY LOCAL REG. <u>APR 23 57</u>		26. REGISTRAR'S SIGNATURE <u>Earl Smith MD</u> <u>MSB</u>	

(Licensed Embalmer's Statement on Reverse Side)

Health, & Welfare Public Service
S. 300 1-56
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
Security the indicated. Certification to the specific manner requested is not required.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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..... *J. W. Ruster*

Licensed Embalmer No. *398*

P. O. Address *St. Louis*

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.