

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14922

FILED MAY 10 1957

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **4083**

STATE FILE NUMBER

Health,
Welfare
Public
Service

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 casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 8356 Hallsferry		Length of stay in lb 13 yrs 28		d. STREET ADDRESS 8356 Hallsferry (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) JOSEPH ARTHUR KULENGUSKI First Middle Last			4. DATE OF DEATH April 28th, 1957 Month Day Year		
5. SEX Male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 30th, 1896		9. AGE (In years last birthday) 61 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) repairman		10b. KIND OF BUSINESS OR INDUSTRY Washing Machine		11. BIRTHPLACE (City and state or country) Potosi, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA			13. FATHER'S NAME Leonard Kulenguski		
14. MOTHER'S MAIDEN NAME Anna Novak			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yrs. since war or dates of service)		
16. SOCIAL SECURITY NO. 493-10-5537		17. INFORMANT Address Catherine Kulenguski, 8356 Hallsferry			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of lung 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) 163X					INTERVAL BETWEEN ONSET AND DEATH 7 mo (?)
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 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 Oct. 25, 1956 to Apr. 28, 1957 and last saw ^{her} him alive on Apr. 27, 1957 Death occurred at 2:45 P. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Bernard Friedman, M.D. (Degree or title)			22b. ADDRESS 539 N. Grand		22c. DATE SIGNED 4-29-57
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 5/1/57		23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
23d. LOCATION (City, town, or county) St. Louis, Mo.		(State)			
24. FUNERAL DIRECTOR DIEDRICH FUNERAL HOME, 8319 Hallsferry			25. DATE RECD. BY LOCAL REG. APR 29 57		26. REGISTRAR'S SIGNATURE Carl Smith MD <i>mgs</i>

(Licensed Embalmer's Statement on Reverse Side)

Personal

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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 emb

by me, or by Student Embalmer No.

working under my personal supervision..

Student.....

Signature of Student Embalmer

Signed *E. J. Remelius*

Licensed Embalmer No. 428

P. O. Address *St. Louis*

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

Embalmer

Address