

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **37729**  
 Registrar's No. **10512**

FILED NOV 15 1957

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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. CITY OR TOWN <b>ST. LOUIS</b>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>ST. LOUIS</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location)					
<b>6443 EAST COURT</b>		<b>6443 EAST COURT</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>WILLIAM</b>		b. (Middle)		c. (Last) <b>KUDA</b>			
4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 5 1957</b>		5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>JUNE 6 1890</b>		9. AGE (In years last birthday) <b>67</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SOLE CUTTER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FRIEDMAN HEEL Co.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>			
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>ANTON KUDA</b>		13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>			
14. NAME OF HUSBAND OR WIFE <b>MARY KUDA</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO.			
17. INFORMANT'S SIGNATURE OR NAME <b>MARY KUDA</b>		ADDRESS <b>6443 EAST COURT</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c) <b>420.1</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>"Flu"</b>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) (Min.)		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>4-9-57</b> , 19 <b>57</b> , to <b>11-4-</b> , 19 <b>57</b> , that I last saw the deceased alive on <b>11-4-57</b> , 19 <b>57</b> , and that death occurred at <b>9:30 A.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>C. F. Plag M.D.</b>		(Degree or title)		23b. ADDRESS <b>3150 Morganford</b>		23c. DATE SIGNED <b>11-6-57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>Nov. 8 1957</b>		24c. NAME OF CEMETERY OR CREMATORY <b>SUNSET-BURIAL</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS Co., Mo.</b>	
DATE REC'D BY LOCAL REG. <b>NOV 6 '57</b>		REGISTRAR'S SIGNATURE <b>Carl Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Thomas Kuter</b> ADDRESS <b>2906 Gravier</b>			

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

Per 2-6345  
10-11 A.M.  
Daily

**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 *James C. Hill*

Licensed Embalmer No. *4347*

P. O. Address *2916 Du*

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.