

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42735

STATE FILE NUMBER

FILED DEC 13 1957

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **11635**

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY 1			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Louis		Inside Limits Yes <input 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 3225 Oregon Ave			Length of stay in lb			d. STREET ADDRESS (If outside, give location) 3225 Oregon Ave	
3. NAME OF DECEASED (Type or print) First Katerina Middle Voras Last Voras				4. DATE OF DEATH Month Dec Day 2 Year 1957			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct 31 1871	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months 6 Days 6 Hours 6 Min.	IF UNDER 24 HRS. Hours 6 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Czechoslovakia		12. CITIZEN OF WHAT COUNTRY? U S	
13. FATHER'S NAME ? Oswald				14. MOTHER'S MAIDEN NAME Unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. —		17. INFORMANT Joseph Voras 1225 Lami Street			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerosis with nephrosclerosis chronic colitis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic Colitis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 446x							
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 _____ 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.) 11-15-57		20f. CITY, TOWN, OR LOCATION 12-2-57		COUNTY _____ STATE _____	
21. I attended the deceased from 12-2-57 to 12-2-57 and last saw her alive on Dec 2 Death occurred at 142/57 7¹⁵ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Ralph Berg (Degree or title) Ralph Berg M.D.				22b. ADDRESS 3203 So Grand		22c. DATE SIGNED 12/3/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12/5/57		23c. NAME OF CEMETERY OR CREMATORY S S Peter & Paul Cem		23d. LOCATION (City, town, or county) (State) St Louis Missouri	
24. FUNERAL DIRECTOR Moydell Funeral Home 1926 Allen			25. DATE RECD. BY LOCAL REG. DEC 4 57		26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D. M. P. B.		

(Licensed Embalmer's Statement on Reverse Side)

Health, & Welfare
Public
Service

S. 300
7. 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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

8001

8001

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 *Reinhold K. Lohmann*

Licensed Embalmer No. 339

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.