

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-019910

STATE FILE NUMBER

JUN 2 1959 Registration District No. 317 Primary Registration District No. 547 Registrar's No. 1367

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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.

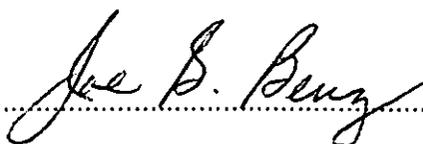
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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|--|----------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Richmond Heights</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>St. Louis</u> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u> | | Length of stay in lb <u>6 Weeks</u> | d. STREET ADDRESS (If outside, give location) <u>2819 Osage St.</u> |
| 3. NAME OF DECEASED (Type or print) First <u>Ida</u> Middle <u>Komerous</u> Last <u>Komerous</u> | | | 4. DATE OF DEATH Month <u>May</u> Day <u>16</u> Year <u>1959</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>August 29, 1885</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Seamstress</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>retired 3 Yrs. Bemis Bag Co.</u> | 11. BIRTHPLACE (City and state or country) <u>St. Louis, Missouri</u> |
| 13a. FATHER'S NAME <u>Samuel Husser</u> | | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Graber</u> | 14. NAME OF HUSBAND OR WIFE <u>Frank Komerous (Dec'd)</u> |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>495-22-4516</u> | 17. INFORMANT Address <u>Mrs. Bernice Bauman 1426 Brock</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>Carcinomatosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Adeno-carcinoma of Rectum</u> DUE TO (c) <u>154x</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u> <u>7 Yrs</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.) | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. | | 20d. INJURY OCCURRED WHILE AT <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 <u>May 1958</u> to <u>May 14 1959</u> and last saw ^{her} _{him} alive on <u>May 15 1959</u> Death occurred at <u>8:05 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>James C. Redington M.D.</u> | | 22b. ADDRESS <u>950 Francis Pl. Clayton 5</u> | 22c. DATE SIGNED <u>5-18-59</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 23b. DATE <u>5/19/59</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>SS. Peter & Paul Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>St. Louis Missouri</u> |
| 24. FUNERAL DIRECTOR ADDRESS <u>Gebken-Benz Mortuary 2842 Meramec St.</u> <u>St. Louis 18 Missouri</u> | | 25. DATE RECD. BY LOCAL REG. <u>5-18-59</u> | 26. REGISTRAR'S SIGNATURE <u>John C. Murphy M.D.</u> |

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 Me, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed


Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St.
St. Louis 18 Missouri

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.