MO DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-030814

FILED VS SEP 4 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 7837 STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | Length of stay in 1b

c. CITY OR TOWN St. Louis | Inside Limits Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1319 Merchant St. | Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location) 1319 Merchant St. | Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: MARY Middle: Last: SMOLA

4. DATE OF DEATH Month Day Year: August, 22, 1959

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 8/15/93

9. AGE (last birthday): 66

IF UNDER 1 YEAR / IF UNDER 24 HR: Months | Days | Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): R.R. Worker

10b. KIND OF BUSINESS OR INDUSTRY: Railroad Co.

11. BIRTHPLACE (City and state or country): Austria

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Urik Seminchuk

13b. MOTHER'S MAIDEN NAME: Katherine ?

14. NAME OF HUSBAND OR WIFE: Nicholas Smola

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 709-09-2598

17. INFORMANT: Katherine Hartman Address: 8133 Morganford Rd

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Congestive Heart Failure.

DUE TO (c) Chronic nephritis 592-X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 July 18, 1959 to August 21-59 and last saw her him alive on August 21-59
Death occurred at Home 6:15 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Nicholas Klyn M.D.

22b. ADDRESS 3701 N. 25th St.

22c. DATE SIGNED 8-24-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 8/25/59

23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery

23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

24. FUNERAL DIRECTOR CHULICK UND. CO. ADDRESS 1722 S. Jefferson

25. DATE RECD. BY LOCAL REG. AUG 24 '59

26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF

DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed J E Morris

Signature of Student Embalmer

Licensed Embalmer No. 336

P. O. Address St Louis

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