

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE <i>Mo</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		c. CITY OR TOWN <i>St. Louis</i>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Jewish Hospital</i>		d. STREET ADDRESS (If outside, give location) <i>1529² Bremen</i>	

3. NAME OF DECEASED (Type or print) First <i>Stella</i> Middle <i>Makowska</i> Last			4. DATE OF DEATH Month <i>Oct.</i> Day <i>14.</i> Year <i>1960</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>5-9-1910</i>	9. AGE (last birthday) <i>50</i>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Hand Sewer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Caryle Dress Co</i>		11. BIRTHPLACE (City and state or country) <i>St. Louis Mo</i>	
12. CITIZEN OF WHAT COUNTRY <i>U. S. A.</i>		13a. FATHER'S NAME <i>Steve Makowska</i>		13b. MOTHER'S MAIDEN NAME <i>Frances Kutryb</i>	
14. NAME OF HUSBAND OR WIFE <i>None</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>488-09-0236</i>	
17. INFORMANT <i>Sophie Worley</i>		Address <i>1531 Bremen</i>			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH <i>5-6 Mths.</i>
IMMEDIATE CAUSE (a) <i>Embolus.</i>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Auricular Fibrillation</i>		
DUE TO (c) <i>Rheumatic Heart Disease</i>			<i>years.</i>
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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.) <i>416x</i>	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	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 <i>St. Louis Mo</i>		COUNTY STATE
21. I attended the deceased from <i>10-14-60</i> to <i>10-14-60</i> and last saw her alive on <i>10-14-60</i> . Death occurred at <i>10 P.</i> m on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE (Degree or title) <i>Melvin B. Knatter M.D.</i>		22b. ADDRESS <i>950 Francis Pl., Chavis.</i>		22c. DATE SIGNED <i>10-15-60</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Oct 18, 1960</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cemetery</i>	23d. LOCATION (City, town, or county) <i>St. Louis Mo</i>	
24. FUNERAL DIRECTOR ADDRESS <i>Edward Koch & Son - 3516 N. 14th</i>		25. DATE RECD. BY LOCAL REG. <i>OCT 17 1960</i>	26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 _____
Signature of Student Embalmer

Signed W E Morris

Licensed Embalmer No. 3360

P. O. Address St Louis

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