

FILED JUN 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17398

State File No. 4680

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY D	
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS Mo		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 3949 FEDERER PL.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3949 FEDERER PL.			

3. NAME OF DECEASED (Type or Print)	a. (First) FRANCES	b. (Middle) -	c. (Last) KALBAC	4. DATE OF DEATH (Month) (Day) (Year)
				MAY 26 1949

5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH DEC. 15 1878	9. AGE (In years last birthday) 70.5	10. IF UNDER 1 YEAR Months 5 Days 11	11. IF UNDER 24 HRS. Hours 11 Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEKEEPER	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) CZECHO SLOVAKIA	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME JOSEPH KUTAK	13b. MOTHER'S MAIDEN NAME BARBARA KOMANN	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME JOHN KALBAC	ADDRESS 3949 FEDERER
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1/2 hour several years. 1 mo. ago.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cornary Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardio-vascular and systems DUE TO (c) @ = hypertension.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. In central. apoplexy			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) no	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) ST. LOUIS MO
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 442 X
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22. I hereby certify that I attended the deceased from **6/6**, 19**40** to **5/26**, 19**49**, that I last saw the deceased alive on **5/23**, 19**49**, and that death occurred at **9: p.m.**, from the causes and on the date stated above.

23a. SIGNATURE LaWotawa via T.R.C.S.O. (Degree or title)	23b. ADDRESS 3807 Wilmington Ave	23c. DATE SIGNED 5/27/49.
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MAY 28 1949	24c. NAME OF CEMETERY OR CREMATORY RESURRECTION	24d. LOCATION (City, town, or county) (State) ST. LOUIS MO
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAY 28 1949 J. B. Lasater	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Kutis 2906 Gravoie
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1897

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.

Signed _____

Norman C. Hill

Signed _____

Student Embalmer

Licensed Embalmer No. 4347

P. O. Address 2906 Travis

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 this body is not embalmed, fact should be so stated above.