

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
FILED JUN 17 1950 STANDARD CERTIFICATE OF DEATH

State File No. 22370

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1321

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 _____	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Koch (rural)</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>	
c. LENGTH OF STAY (In this place) <u>2859 days</u>		d. STREET ADDRESS (If rural, give location) <u>2340 Hickory</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Robert Koch Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>KUZMA</u> b. (Middle) <u>-</u> c. (Last) <u>Paladin</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 22, 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>11-27-85</u>
9. AGE (In years last birthday) <u>64</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stone Mason</u>	11. BIRTHPLACE (State or foreign country) <u>Yugoslavia</u>
12. CITIZEN OF WHAT COUNTRY? <u>??</u>		13. FATHER'S NAME <u>John Paladin</u>	

13b. MOTHER'S MAIDEN NAME <u>Sophia Krivic</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Maricic Paladin</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>??</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Records, Robt. Koch Hosp.</u>			
17. ADDRESS <u>Hospital Records, Robt. Koch Hosp.</u>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>???</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cor Pulmonale</u>		DUE TO (b) <u>Pulmonary Tuberculosis</u>		20 yrs. (?)	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

18a. DATE OF OPERATION		18b. MAJOR FINDINGS OF OPERATION <u>002X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 7-24- 1942- to 5-22- 1950-, that I last saw the deceased alive on 5-22- 1950-, and that death occurred at 12:20A-, from the causes and on the date stated above.

22a. SIGNATURE <u>Bernard Friedman, M.D.</u>		22b. ADDRESS <u>Robert Koch Hospital</u>		22c. DATE SIGNED <u>5-23-50</u>	
24a. BURIAL OR CREMATION (Specify) <u>BURIAL</u>		24b. DATE <u>MAY-25-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. J. Schuur</u>		25. ADDRESS <u>3125 Lafayette av</u>	
DATE REC'D BY LOCAL REG. <u>5-24-50</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Womke MD</u>		25. ADDRESS	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 28 1959

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
Student Embalmer

Signed

Joseph B. Wollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette

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.