

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3428

State File No. _____

FILED FEB 14 1952

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

Registrar's No. **0770**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2435 S. 2nd St.		d. STREET ADDRESS (If rural, give location) 23 2435 S. 2nd St.	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) ROSE		(Month) (Day) (Year) Jan. 23, 1952	
b. (Middle) --		c. (Last) VOLANSKY	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 12, 1874
9. AGE (In years, last birthday) 77		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (State or foreign country) Austria-Galicia
12. CITIZEN OF WHAT COUNTRY? 4		13. FATHER'S NAME Casper Ziolnka	
14. MOTHER'S MAIDEN NAME Mary ?		15. NAME OF HUSBAND OR WIFE Stephen Volansky	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		17. SOCIAL SECURITY NO. None	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		19. INFORMANT'S SIGNATURE OR NAME Stephen Volansky 2435 S. 2nd St.	
19. MEDICAL CERTIFICATION		20. INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenitive Heart Failure		3 mos	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary occlusion		9 weeks	
DUE TO (c):		II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. Chronic Bronchitis & Nephritis 5 yrs	
21. DATE OF OPERATION	22. MAJOR FINDINGS OF OPERATION	23. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
24. ACCIDENT SUICIDE HOMICIDE (Specify)	25. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	26. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
27. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	28. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	29. HOW DID INJURY OCCUR? H201	
30. I hereby certify that I attended the deceased from Nov. 23, 1951 , to Jan 23, 1952 , that I last saw the deceased alive on 1. 20, 1952 , and that death occurred at 12 A. m. , from the causes and on the date stated above.			
31. SIGNATURE Nicholas Kleyer M.D.		32. ADDRESS 1116 S. Alex bus	
33. DATE SIGNED 1-24-52		34. NAME OF CEMETERY OR CREMATORY Resurrection Cem.	
35. BURIAL, CREMATION, REMOVAL (Specify) Burial 0		36. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
37. DATE REC'D BY LOCAL REG. JAN 25 1952		38. REGISTRAR'S SIGNATURE Carl Smith, M.D.	
39. FUNERAL DIRECTOR'S SIGNATURE CHULICK UND. CO.		40. ADDRESS 1722 S. Jefferson	

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

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed *V. Morris*.....

Signed.....
Student Embalmer

Licensed Embalmer No. *3360*

P. O. Address *St Louis Mo*

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.