

FILED JUL 22 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25577
6442

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

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis 0		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 0	
c. LENGTH OF STAY (in this place) 1 yr. 1 mo		d. STREET ADDRESS (If rural, give location) 3114 Magnolia Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Infirmary Hospital			

3. NAME OF DECEASED (Type or Print) KATHERINE	a. (First)	b. (Middle)	c. (Last) BIRONG	4. DATE OF DEATH (Month) (Day) (Year) 7 3 1952
--	------------	-------------	----------------------------	---

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH APRIL 1867	9. AGE (In years last birthday) 90	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WIDOW	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and State or Foreign Country) Hungary	12. CITIZEN OF WHAT COUNTRY? U.S.
-------------------------	----------------------------------	--	---------------------------------------	--	--	---	--	---

13a. FATHER'S NAME Nick Mueller	13b. MOTHER'S MAIDEN NAME Barbara Kindle	14. NAME OF HUSBAND OR WIFE Widow
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME City Infirmary	ADDRESS 5800 Arsenal St.
---	--	--	------------------------------------

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Central Arteriosclerosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? 334X
---	---	---

2. I hereby certify that I attended the deceased from May 29, 1951, to July 3, 1952, that I last saw the deceased alive on July 3, 1952, and that death occurred at 10:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE George M. Janaka M.D.	(Degree or title)	23b. ADDRESS 5600 Arsenal	23c. DATE SIGNED 7/3/52
--	-------------------	-------------------------------------	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE JULY 5 1952	24c. NAME OF CEMETERY OR CREMATORY SUNSET BURIAL PK	24d. LOCATION (City, town, or county) (State) ST. LOUIS MO
---	---------------------------------	---	--

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JUL 3 1952	REGISTRAR'S SIGNATURE Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kutis	ADDRESS 2906 Grand
--	---	---	------------------------------

mjs (Licensed Embalmer) Statement on Reverse Side

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Leo J. Budde

Licensed Embalmer No. 3989

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.