

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3577**
Registrar's No. **0581**

FILED JAN 28 1953

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR St. Louis TOWN		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR St. Louis TOWN 2179	
d. STREET ADDRESS (If rural, give location) 17 3952a Botanical Ave.			
3. NAME OF DECEASED (Type or Print) KATHARINE		4. DATE OF DEATH (Month) (Day) (Year) OSZTIE Jan. 18 1953	
a. (First)		b. (Middle)	
c. (Last)			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 29, 1886
9. AGE (In years last birthday) 66		10. KIND OF BUSINESS OR INDUSTRY Housework	11. BIRTHPLACE (City and State or Foreign Country) Hungary
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Balas		13b. MOTHER'S MAIDEN NAME Margaret Bardl	
13c. NAME OF HUSBAND OR WIFE Adam Osztie			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Adam Osztie		ADDRESS 3952a Botanical Ave.	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Hypertension with ANTECEDENT CAUSES DUE TO (b) Decompensation DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Metrol Regusation (Carbon)	
		INTERVAL BETWEEN ONSET AND DEATH about 5 years about 5 years	
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR 4222			
22. I hereby certify that I attended the deceased from April 15, 1949 , to Jan. 18, 1953 , that I last saw the deceased alive on Jan. 18, 1953 , and that death occurred at 11:15 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE A. C. Steinberg		23b. ADDRESS 3606 Thermo	
		23c. DATE SIGNED 1/18/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Jan. 21, 1953	
24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.	
DATE REC'D BY LOCAL REG. JAN 19 1953		REGISTRAR'S SIGNATURE J. Carl Smith	
25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser		ADDRESS 4228 S. Kingshighway Bl.	

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 William B. White

Licensed Embalmer No. 4291

P. O. Address 4228 Kingsley

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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