

FILED FEB 14 1955

STANDARD CERTIFICATE OF DEATH

State File No. 2915
Registrar's No. 0987

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY 3		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 Mo		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL		e. STREET ADDRESS (If rural, give location) 2391306 S. 3rd St.	

3. NAME OF DECEASED (Type or Print) a. (First) THOMAS b. (Middle) - c. (Last) NOSKA			4. DATE OF DEATH (Month) (Day) (Year) FEB. 1 1955		
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JULY 22 1889	9. AGE (In years) (last birthday) 65	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SHOE CUTTER	11. BIRTHPLACE (City and State or Foreign Country) MISSOURI 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME THOMAS NOSKA	13b. MOTHER'S MAIDEN NAME BARBARA REZNICEK	14. NAME OF HUSBAND OR WIFE CATHERINE NOSKA
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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) No	16. SOCIAL SECURITY NO. 488-09-8929	17. INFORMANT'S SIGNATURE OR NAME CATHERINE NOSKA	ADDRESS 1306 S. 3rd ST.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 39 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) chronic Myocarditis		
	ANTECEDENT CAUSES DUE TO (b) Arterial Sclerosis 10 years DUE TO (c) Bronchial Asthma 10 years		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		X X X X X

19a. DATE OF OPERATION X	19b. MAJOR FINDINGS OF OPERATION X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) X	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) X	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) X	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? X 241X

22. I hereby certify that I attended the deceased from 1/10/48, 19__, to 12/17, 1954, that I last saw the deceased alive on 12/17, 1954, and that death occurred at 9:50 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Wm Demko M.D.	23b. ADDRESS 3450 Grandis	23c. DATE SIGNED 2/8/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE FEB. 3 1955	24c. NAME OF CEMETERY OR CREMATORY S.S. PETER & PAUL	24d. LOCATION (City, town, or county) (State) ST. LOUIS Mo
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DATE REC'D BY LOCAL REG. FEB 2 1955	REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Kutis 2906 Grandis
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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
Signature of Student Embalmer

Signed *Leo J. Budde*
Licensed Embalmer No. *398*
P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.