

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

OCT 5 1936

791

35603

1. PLACE OF DEATH

County ..... Registration District No. **1003**  
Township ..... Primary Registration District No. ....  
City St. Lou's, Missouri City Hospital No. 1 St. .... Ward) 9215  
**8472** **Frank Kula**

2. FULL NAME

(a) Residence, No. 1111 North 7th St., 25 Ward. ....  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 24, 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
46 1 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

FATHER 13. NAME Anthony Kula

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

MOTHER 15. MAIDEN NAME Mary Tragaz

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

17. INFORMANT Hosp. Info. M.H.Kent  
(ADDRESS) City Hospital No. 1

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Sept 7th 1936

19. UNDERTAKER Aug. Bookland & Co.  
(ADDRESS) 1421 N. 7th St.

20. FILED SEP 5 1936 Registrar. J. F. Bricker

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/5/36 .19

22. I HEREBY CERTIFY, That I attended, deceased from 9/3/36, 1936 to 9/5/36, 1936.  
I last saw h. him alive on 9/5/36, 1936. Death is said to have occurred on the date stated above, at 12.40 a

The principal cause of death and related causes of importance were as follows:

Hypertensive Heart Disease  
Date of onset

Other contributory causes of importance:  
MI

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? .....  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

(Signed) Chas. J. Ferguson D.  
(Address) City Hospital No. 1

