

REGD JAN 11 1939

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

41423
Do not use this space.

1. PLACE OF DEATH

(a) County / Registration District No. **791**
 (b) Township Primary Registration District No. **1008**
 (c) City **St. Louis** / (d) Street No. **6 St. Anthony Hospital** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Eleanor Kourek**

(a) Residence, No. **6115 Dewey** St. **1**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Albert Kourek**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 23, 1899**

7. AGE YEARS **39** MONTHS **7** DAYS **2** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Home**
 9. Industry or business in which work was done, as 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) **St. Louis** (STATE OR COUNTRY)

13. NAME **Fred Srnka**

14. BIRTHPLACE (CITY OR TOWN) **Bohemia** (STATE OR COUNTRY)

15. MAIDEN NAME **Minnie Hadan**

16. BIRTHPLACE (CITY OR TOWN) **St. Louis** (STATE OR COUNTRY)

17. INFORMANT **Albert H. Kourek** (ADDRESS) **6115 Dewey**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Valhalla Cre.** DATE **Dec. 28,** 19**38**

19. FUNERAL DIRECTOR (NAME) **Wacker-Helderle** (ADDRESS) **2331 So Broadway**

20. FILED **DEC 27 1938** **J. D. Brudick** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec. 25** 19**38**

22. I HEREBY CERTIFY, That I attended deceased from **Dec 15** 19**38** to **Dec 25** 19**38**
 I last saw h. a. alive on **Dec 25** 19**38**. Death is said to have occurred on the date stated above, at **8:55p.m.**
 The principal cause of death and related causes of importance were as follows:

Acute lobar pneumonia Type iii involving entire Rt. lung & upper lobe of left.

Date of onset **Dec 15 1938**

Other contributory causes of importance:

Name of operation **none** Date of **May 1 1938**
 What test confirmed diagnosis? **Wright St.** Was there an autopsy? **yes**

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? If so, specify
 (Signed) **Wacker-Helderle** M. D.
 (Address) **3804 Wilmington Ave**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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,

Robert Wheeler

....., or by

Registered Apprentice No., working under my personal supervision.

Signed *Robert Wheeler*

Licensed Embalmer No. *31128*

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, above space should be left blank.