

REC'D MAR 13 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH4552  
Do not use this space.

## 1. PLACE OF DEATH

(a) County..... Registration District No. **791**  
 (b) Township..... Primary Registration District No. **1003**  
 or St. Louis City Hospital No. 1  
 (c) City..... (d) Street No. .... (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.

Registered No. **1245**2. PRINT FULL NAME **George Duscl**

(a) Residence, No. **1719 South 9th St. 23** (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX **male** 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 **Elsie Discl**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 17, 1867**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**71 8 20**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Day Laborer**  
 9. Industry or business in which work was done, as saw mill, bank, etc. **nil**  
 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) **Hungary**13. NAME **John Duscl**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Hungary**15. MAIDEN NAME **Eva Brunkl**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Hungary**17. INFORMANT (ADDRESS) **Hosp. Info M. Kent**18. BURIAL, CREMATION, OR REMOVAL PLACE **New St. Marcus** DATE **Feb 9 39**19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Shoelutis 2906 Gravois Ave.**20. FILED **FEB 8 1939** **J. J. Brudick** Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **2/6/39**, 1922. **I HEREBY CERTIFY**, That I attended deceased from **1/17/39** to **2/6/39**, 19I last saw him alive on **2/6/39**, 19. Death is said to have occurred on the date stated above, at **1 p. m.**

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

**Peritonitis**

Date of onset

Other contributory causes of importance: **Common duct stone**Name of operation **Cholecystectomy** Date of: **3-31-39**What test confirmed diagnosis? **Operation** 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) **J. J. Brudick**, M. D.(Address) **City Hospital No. 1**

**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.....

..... THOS. KUTIS ....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Thos Kutis*

Licensed Embalmer No..... 1619 .....

P. O. Address 2906 Gravois Ave......

**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.**