

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

8215
Do not use this space.

APR 12 1939

1. PLACE OF DEATH

(a) County Registration District No. 791
(b) Township Primary Registration District No. 1003
(c) City St. Louis, Mo. (d) Street No. 2338a Michigan Ave. St. Registered No. 1980
(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 562 Method Komrska

(a) Residence, No. 2338a Michigan Ave. St. 17
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1868
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
About 71 Unknown Unknown

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 28 1939
22. I HEREBY CERTIFY, That I attended deceased from Feb 12, 1939, to Feb 28, 1939
I last saw him alive on Feb 28, 1939. Death is said to have occurred on the date stated above, at 8:15 A.M.
The principal cause of death and related causes of importance were as follows:

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Tailor
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

Myocardial Stenosis
Date of onset
1931
Other contributory causes of importance:
hypertensive interstitial nephritis chronic

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Czecho-Slovakia 7

FATHER 13. NAME Joseph Komrska 7

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Czecho-Slovakia 7

MOTHER 15. MAIDEN NAME Anna Sipp

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Czecho-Slovakia

17. INFORMANT (ADDRESS) Nellie French
2338a Michigan Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Old SS. Peter & Paul Mar. 3 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm. C. Moydell
1926 Allen Ave.

20. FILED MAR 2 1939 J. P. Redick Local Registrar

Name of operation Date of
What test confirmed diagnosis? St. Hel. Was there an autopsy? no

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? no
If so, specify Edward N. Spantel M. D.
(Signed) 1515 So Grand
(Address)

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

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

Signed

Benj. C. Duncan

Licensed Embalmer No. 2272

P. O. Address 1926 Allen St

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.