

UGI 9 1939

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

32724
Do not use this space.

1. PLACE OF DEATH **3**

(a) County Jefferson Registration District No. 424

(b) Township Big River Primary Registration District No. 5779

(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.

2. PRINT FULL NAME 420 Mrs. Caroline Kulace

(a) Residence, No. 5019 LILLIAN AVE ST. LOUIS, Mo. ST LOUIS, Mo. (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) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Kulace

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 23-1852

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 87 6 25

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at 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) (STATE OR COUNTRY) St Louis, Mo

FATHER 13. NAME HERRY Schweikman

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

MOTHER 15. MAIDEN NAME MARY Altman

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

17. INFORMANT (ADDRESS) HEMRY KULACE 1644 Gimblin AVE

18. BURIAL, CREMATION, OR REMOVAL PLACE Carlsberg Cemetery DATE 9-14-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) ARTHUR J. DONNELLY 3840 HINDLE BLVD

20. FILED Sept 28 1939 Ch. Caton Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEPT. 17, 1939

I HEREBY CERTIFY, That I attended deceased James By holding request Sept. 17, 1939

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 3:30 P.M.

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

Killed in auto accident Date of onset _____

When Car in which deceased was a passenger, turned over several times

Fracture of both limbs and internal injuries

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide: Accident Date of injury Sept 17, 1939

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

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

Manner of injury auto accident

Nature of injury fracture of legs, internal injuries

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify _____ (Signed) Frank Frazier, Coronator (Address) Festus, Mo

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.

Handwritten signature

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.....

Alfred J. Boedeker

Licensed Embalmer No. *2663*

P. O. Address *4204 Prairie 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.