

DEC 13 1939
Registration District No. **701**

Primary Registration District No. _____

1. PLACE OF DEATH: **1003**
(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Mo. Baptist Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **5-days**
(Specify whether
In this community **17-Years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **1**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL") **19**
(d) Street No. **3948 McPherson Ave.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. **17 Yrs.** years.

3. (a) PRINT FULL NAME **Louis Kovar 160**
(b) If veteran, name war **None**
(c) Social Security No. **488-09-2020**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Nov.** day **27**
year **1939** hour **9** minute **10 a. M.**

4. Sex **M.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **M.**
6. (b) Name of husband or wife **Heddy Kovar** 6. (c) Age of husband or wife if alive **39** years
7. Birth date of deceased **June 16, 1897**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years **42** Months **5** Days **11** If less than one day hr. _____ min. _____

Immediate cause of death **Pulmonary Embolism**
On or about 11:30 P.M. April 27, 1939 while working at Western Curb Sales Co. located at 3842 Market St. Cause unknown could not be determined.
Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace **Czechoslovakia**
(City, town, or county) (State or foreign country)
10. Usual occupation **Shipping Clerk**

Major findings: Of operations _____
Of autopsy **NO**
PHYSICIAN _____
Underline the cause to which death should be charged statistically

11. Industry or business **Western Auto Supply Co.**
12. Name **Joseph Kovar**
13. Birthplace **Czechoslovakia**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Czechoslovakia**
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **Open Vein Cut**
(b) Date of occurrence **about Nov 22 1939**
(c) Where did injury occur? **St. Louis Mo**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Industrial place
(Specify type of place) _____
While at work _____ (e) Means of injury _____
23. Signature **Arthur J. Connelly** (M. D. or other)
address **3840 Lindell Blvd.** Date signed **11-28-39**

16. (a) Informant's own signature **Mrs. Heddy Kovar**
(b) Address **3948 McPherson Ave.**
17. (a) **Burial** (b) Date thereof **11-29-1939**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Calvary**
18. (c) Signature of funeral director **Arthur J. Connelly**
(b) Address **3840 Lindell Blvd.**
19. (a) **NOV 28 1939** (b) **J. J. [Signature]**
(Date received local registrar) (Signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

20000000

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. Bodette*.....
Licensed Embalmer No..... *2663*.....
P. O. Address..... *4204 Paine*.....

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.