

AY 15 1940

791

1003

State File No. _____

Registration District No. _____

Primary Registration District No. _____

Registrar's No. **3031**

1. PLACE OF DEATH:

(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:
4645 Dahlia **7**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community 53 (Specify whether years, months or days)

3. (a) PRINT FULL NAME FRANK J. KURKA, JR. **620**

3. (b) If veteran, name war nil 3. (c) Social Security No. 489-09-6788

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Beatrice Kurka 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 29, 1886
(Month) (Day) (Year)

8. AGE: Years 53 Months 4 Days 1 If less than one day hr. _____ min. **5**

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Machinist **7**

11. Industry or business Fritz Foundry

12. Name Frank J. Kurka **0**

13. Birthplace Czecho-Slovakia
(City, town, or county) (State or foreign country)

14. Maiden name Theresa Chott

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Jerry Kurka

(b) Address 4645 Dahlia

17. (a) Burial (b) Date thereof 4-2-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Park

18. (a) Signature of funeral director Wm. C. Magdell
 (b) Address 1926 Allen Ave.

19. (a) APP 1 1940 (b) J. P. Habig
(Date received for registration) (Signature of Licensed Embalmer)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis **2**
(If outside city or town limits, write "RURAL")
 (d) Street No. 4645 Dahlia
(If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30
 year 1940 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from Mar. 30 1940 to Mar. 30 1940
 that I last saw him alive on Mar. 30 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
 Due to Heart stroke - from history Mitral regurgitation
 Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: None
 Of operations _____
 Of autopsy _____

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? (Specify type of place)
 (e) Means of injury None

23. Signature J. P. Habig (M. D. or other) _____
 Address 5817 Gravois Date signed 3-30-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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*

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: