

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **33729**
Registrar's No. **8426**

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **City Hospital #1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **6 days** (Specify whether years, months or days)
In this community **6 days** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Cora Kriwanek**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Felix Kriwanek** 6. (c) Age of husband or wife if alive **51** years

7. Birth date of deceased **April 16 1877**
(Month) (Day) (Year)

8. AGE: Years **63** Months **5** Days **24** If less than one day hr. min.

9. Birthplace **Bourbon Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business

12. Name **Robert Windle**

13. Birthplace **Tennessee**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Felix Kriwanek**
(b) Address **6728a Virginia ave.**

17. (a) **Cremation** (b) Date thereof **Oct. 12, 40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Missouri Crematory**

18. (a) Signature of funeral director **C. Hoffmeister**
(b) Address **7814 S. Broadway**

19. (a) **OCT 11 1940** (b) **[Signature]**
(Date received local registrar) (Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **6728a Virginia ave.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **9**
year **1940** hour **3:35** minute **A.** M.

21. I hereby certify that I attended the deceased from **October 4, 1940** to **October 9, 1940**
that I last saw him alive on **October 9, 1940**
and that death occurred on the date and hour stated above.

Immediate cause of death **Traumatic Hemorrhage due to crushed chest, fracture of ribs; lacerated lung; fracture of left**

Due to **tibia and fibula at the distal end, suffered when deceased walked**

Due to **into the right front fender of an automobile driven by one Floyd August**

Other conditions **Hale, at Michigan and Krause Avenues, about 6:45 P.M.,**
(Include pregnancy within 3 months of death)

Major findings: **October 4, 1940.**

Of operations **Of autopsy**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Accident**

(b) Date of occurrence **October 4, 1940**

(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? **In Public Place**

While at work? **[Signature]** (Specify type of place) (e) Means of injury **5**

23. Signature **[Signature]** (M. D. or other)

Address **[Signature]** Date signed **Oct 11 1940**

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

Edwin H. Leubinger

Licensed Embalmer No.

4019

P. O. Address

6464 Chippewa

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.