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No. 2
11-10-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **40361**

JAN 15 1941 791

Registration District No. _____

Primary Registration District No. **1003**

Registrar's No. **10132**

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Days
(Specify whether)

In this community Life
years, months or days

3. (a) PRINT FULL NAME George Kudelka

3. (b) If veteran, name war No

3. (c) Social Security No. Unknown

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

6. (b) Name of husband or wife Single 6. (c) Age of husband or wife if alive Single years

7. Birth date of deceased September 11, 1939
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>1</u>	<u>2</u>	<u>26</u> <u>27</u>	hr. _____ min. _____

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

10. Usual occupation Nil

11. Industry or business Nil

12. Name Joseph Kudelka

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

14. Maiden name Theresa Bartl

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

16. (a) Informant Joseph Kudelka

(b) Address 3124 N. 13th St.

17. (a) BURIAL (b) Date thereof 12-10-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Kullen & Kelly

(b) Address 1416 N. Tupper Ave

19. (a) DEC 10 1940 (b) J. W. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis 24
(If outside city or town limits, write "RURAL")

(d) Street No. 3124 North 13th St.
(If rural, give location)

(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 7, year 1940 hour 7:50 minute _____ P. M.

21. I hereby certify that I attended the deceased from December 4, 1940, to December 7, 1940 that I last saw him alive on December 7, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-Pneumonia 26 days
Duration

Due to Hydro-nephrosis
No stones

Due to Myelo-colon all life

Other conditions 1330
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy As above

Underline the cause to which death should be charged statistically.

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 1

23. Signature L. N. Wallace (M. D. or other) _____

Address 1515 Lafayette Ave. S. Date signed 12/9/40

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

MOTHER FATHER

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.

Myself
city lic.
#145

Signed *Glen E. Anderson*

Licensed Embalmer No. *4141*

P. O. Address. *St. Louis, Mo.*

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.