

FILED AUG 28 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

23893

State File No. _____

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6235

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

I. 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: Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 2 days? 0 years, months or days)

3. (a) PRINT FULL NAME Infant Krshul
(b) If veteran, name war _____ (c) Social Security No. _____

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

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

7. Birth date of deceased June 29 1941
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 18 hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name Peter Krshul
13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Emma Vaelling
15. Birthplace Byrnesville Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Peter Krshul
(b) Address 5040 Lakewood Ave.

17. (a) Burial (b) Date thereof 7-31-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CITY CEMETERY

18. (a) Signature of funeral director W. Hamilton

(b) Address City Health Dept.

19. (a) JUL 30 1941 (b) W. B. B. B.
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis/Gardenville
(If outside city or town limits, write "RURAL")
(d) Street No. 5040 Lakewood Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30
year 1941 hour 6 minute 25 P. M.

21. I hereby certify that I attended the deceased from June 29
1941, to June 30 1941;
that I last saw her alive on June 30 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Patent ductus arteriosus congenital (Autopsy)

Due to _____

Due to 157

Other conditions (Include pregnancy within 3 months of death)

Major findings: Patent ductus arteriosus
Of operations _____

Of autopsy Patent ductus arteriosus

Duration
PHYSICIAN
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 _____

23. Signature W. B. B. B. (M. D. or other) (M)
Address W. B. B. B. Date signed 7/1/41

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.....

Licensed Embalmer No.....

P. O. Address.....

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.