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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 24 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33464
8420

Registration District No. 791 Primary Registration District No. 1003 Registrar's No.

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

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: City Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 41 yrs.

2. USUAL RESIDENCE OF DECEASED: 000 19 9 0 23

(a) State Missouri (b) County

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

(d) Street No. 2651 a Armand Pl. (If rural, give location)

(e) If foreign born, how long in U. S. A.? 41 years.

3. (a) PRINT FULL NAME Steve Kuryla

3. (b) If veteran, name war No

3. (c) Social Security No 494-10-8355

4. Sex Male 0

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife

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

7. Birth date of deceased Aug. (Month) 15 (Day) 1885 (Year)

8. AGE: Years 56 Months 2 Days 7 If less than one day hr. min.

9. Birthplace Visowa (City, town, or county) Austria 4 (State or foreign country)

10. Usual occupation Molder

11. Industry or business Foundry

MOTHER FATHER

12. Name Michael Kuryla

13. Birthplace Visowa (City, town, or county) Austria 4 (State or foreign country)

14. Maiden name Rose Kuryla

15. Birthplace Visowa (City, town, or county) Austria 4 (State or foreign country)

16. (a) Informant Michael Kuryla

(b) Address 3348 S. 13th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 25 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Old St. Peter Paul

18. (a) Signature of funeral director Chulick and Co.

(b) Address 1722 S. Jefferson

19. (a) OCT 24 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 22 year 1941 hour 10 minute 20 A. M.

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

Immediate cause of death Fracture of skull with subdural hemorrhage, when he was struck by a bicycle (rider unknown) in front of about 1536 Lafayette Av.

Due to about 8:45 P.M. October 18, 1941.

Due to MANSLAUGHTER.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) Manslaughter

(b) Date of occurrence 10-18-1941

(c) Where did injury occur? St. Louis, Mo. 000 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place. (Specify type of place)

While at work? (c) Means of injury

23. Signature Thomas F. Callaway (M.D. or other)

Address Deputy Coroner Date signed 10/23/41

(Licensed Embalmer's Statement on Reverse Side)

DEC 6 1946

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 Francis A Williams

Licensed Embalmer No. 3565

P. O. Address 7401 Zephyr Pl

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

If this body is not embalmed, fact should be so stated above.