S. No. 2
—1-4-41
5-17-39
PI X25390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 5 1942

Registration District No. 89

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5951

Primary Registration District No. 1001

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: St. Joseph's Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Days (Specify whether

In this community 65 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

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

(d) Street No. 2010 S.11th St. (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Frank Hruska

(b) If veteran, name war None

3. (c) Social Security No. 488-14-9233

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Frances Hruska

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased September (Month) 6 (Day) 1855 (Year)

8. AGE: Years 86 Months 5 Days 12 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Bohemia (State or foreign country)

10. Usual occupation Retired Watchman

11. Industry or business Sun Mfg. Co.

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Mrs. Frances Hruska

(b) Address 2010 S.11th St. St.Joseph,Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb.21,1942 (Month) (Day) (Year)

(c) Place: burial or cremation Mt.Olivet Cemetery

18. (a) Signature of funeral director Herman W. Sidenfadner

(b) Address 1802 Union Str.St.Joseph,Mo.

19. (a) Feb. 20, 1942 (Date received local registrar) (b) H. J. Nettelbush M. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 18th year 1942 hour 1 minute 50 A M.

21. I hereby certify that I attended the deceased from Feb. 15, 1942 to Feb. 17, 1942 that I last saw him alive on Feb. 17, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Broncho Pneumonia	2/10/42
Due to	
Due to	
Other conditions Nephritis Chr. (Include pregnancy within 3 months of death)	-

Major findings:
Of operations
Of autopsy Same

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Frank L. Hardigan (M. D. or other)

Address 620 Francis Date signed 3/18/42

(Licensed Embalmer's Statement on Reverse Side) ST. JOSEPH

MAR 3 1942

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.....Albert C. Harrington.....

Licensed Embalmer No.....3258.....

P. O. Address.....St. Joseph, 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, fact should be so stated above.