V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 23 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35589

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9461

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
Park Lane Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day (Specify whether
In this community 26 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo (b) County 12

(c) City or town St Louis Mo 910
(If outside city or town limits, write "RURAL")

(d) Street No. 3225 n Newstead Ave
(If rural, give location)

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

If yes, name country No 0

3. (a) PRINT FULL NAME Dorothy Kourik

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Erwin Kourik

6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased 2 (Month) 6 (Day) 1916 (Year)

8. AGE: Years 26 Months 9 Days 5 If less than one day hr. min.

9. Birthplace St Louis (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Casper Kranz
13. Birthplace StbLouis (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Mary Dougherty
15. Birthplace St Louis (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Erwin Kourik
(b) Address 3225 N Newstead Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-14-42 (Month) (Day) (Year)
(c) Place: burial or cremation Calvery Cemetery

18. (a) Signature of funeral director Goodhart + Goodhart
(b) Address 2228 St Louis Ave

19. (a) NOV 13 1942 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 11
year 42 hour 3 minute 15 A.M.

21. I hereby certify that I attended the deceased from ~~Oct~~ Oct 1, 1942 to Nov 11, 1942
that I last saw her alive on Nov 10, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage Premature Placenta Preva — Duration 12 Hours

Due to Death during delivery

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature T J Kiesel (M. D. or other)
Address 4503 Washington Date signed 11/12/42

(Licensed Embalmer's Statement on Reverse Side)

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. 1591

P. O. Address 4106 9 Botanical

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.