

No. 2
1-4-41
5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **12402**
Registrar's No. **4115**

FILED MAY 12 1943
Registration District No. **318**

Primary Registration District No. **101**

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

1. PLACE OF DEATH:
(a) County **St. Louis,**
(b) City or town **St. Louis,**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Pronounced dead at**
St. Peter's Hospital
City 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 _____ (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME **Charles (Kryoky) Kryoki**
3. (b) If veteran, name war **-** 3. (c) Social Security No. **-**

4. Sex **Male** 5. Color or race **White** 5. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: _____ (Month) (Day) (Year)

8. AGE: Years **54** Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace **Poland** (City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business _____

MOTHER FATHER { 12. Name **Don't Know**
13. Birthplace **Poland** (City, town, or county) (State or foreign country)
14. Maiden name **Don't Know**
15. Birthplace **Poland** (City, town, or county) (State or foreign country)

16. (a) Informant **Frank Gersoni**
(b) Address **2237a Sullivan**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **May 3, 1943** (Month) (Day) (Year)
(c) Place: burial or cremation **St. Peters Cemetery**
General Funeral Home Inc.

18. (a) Signature of funeral director _____ (b) Address **2233 University Street.**

19. (a) **MAY 2 1943** (Date received local registrar) (b) **J. J. Brebeck** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis,** **13**
(If outside city or town limits, write "RURAL") **7 26**
(d) Street No. **1903 N. 9th. St.** (If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country **0**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **May** day **1st**
year **1943** hour **8:11** minute **A.** M.

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

Immediate cause of death **Carcinoma of the larynx.** (Duration _____)

Due to _____
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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? _____ (a) Means of injury _____
23. Signature **Walter Perry** (M.D. or other) _____
Address **St. Louis** Date signed **5/3/43**

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 *Edward J. Eastman*
Licensed Embalmer No. *2507*
P. O. Address *Clayton 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.