

FILED JUN 9 1943

Registration District No. 1003
Primary Registration District No. 1003

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:
2729a Ann Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT (Joca)
FULL NAME Joseph Kersulov
(b) If veteran, name war No
(c) Social Security No. none

4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Dora Kersulov
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased Jan. 16, 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 4 10 hr. min.

9. Birthplace Vracevgy, Yugoslavia
(City, town, or county) (State or foreign country)

10. Usual occupation Cabinet Maker

11. Industry or business _____
12. Name Alexander Kersulov
13. Birthplace Yugoslavia
(City, town, or county) (State or foreign country)
14. Maiden name Sophie
15. Birthplace Yugoslavia
(City, town, or county) (State or foreign country)

16. (a) Informant Dora Kersulov
(b) Address 2729a Ann Ave.

17. (a) Burial (b) Date thereof May 31, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Phulick and Co.
(b) Address 1722 S. Jefferson Ave.

19. (a) MAY 29 1943 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2729a Ann Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26
year 1943 hour 4:30 minute _____ A. M.

21. I hereby certify that I attended the deceased from 1942
in Nov. 1942 to May 26 1943
that I last saw him alive on April 16 1943
and that death occurred on the date and hour stated above.

Immediate cause of death None Valvular
Heart Disease Ch. mya
carditis
Due to Asthma of Chronic 5 yrs.
Pyelonephritis
Due to Chronic Nephritis

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 1/2/1
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) _____
(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 Nicholas Ryan (M. D. or other) _____
Address 1105 Salisbury Date signed 5-29-43

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

MOTHER FATHER

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.....

Harry J. Skunzick

Licensed Embalmer No. 2679

P. O. Address 732 Lomax

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.