

Registration District No. 818

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
 (b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Saint Louis Maternity 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 \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Infant Female Kotoucek

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 15, 1943  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
			<u>1</u>	<u>7</u> hr. <u>45</u> min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Waldemar Robert Kotoucek

13. Birthplace Racine Wisconsin  
(City, town, or county) (State or foreign country)

14. Maiden name Estelle Cervenka

15. Birthplace Racine Wisconsin  
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital Registrar

(b) Address 630 S. Kingshighway

17. (c) Funeral Home (d) Date thereof 6-29-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington U. Catholic

18. (a) Signature of funeral director W. Reckert

(b) Address 3500 Rutger

19. (a) JUN 29 1943 (b) J. J. Buseck  
(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. 5056 Potamac  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17, 1943  
 year \_\_\_\_\_ hour 6:15 AM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from June 15, 1943  
 to June 17, 1943,  
 that I last saw her alive on June 17, 1943,  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to Prematurity  
Premature Labor

Due to (?)

Other conditions 159  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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)  
 Means of injury \_\_\_\_\_

23. Signature J. J. Buseck (M. D. or other) \_\_\_\_\_

Address 4932 Mansfield Date signed 6-17-43

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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**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.....

P. O. Address.....

**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.**