

JUL 3 1943

318

Registration District No.

1003

Registrar's No.

5728

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
 (b) City or town City of St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
4730 Adkins  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days) 64 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Joseph B. Kovarik

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

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

7. Birth date of deceased Aug 12 1869  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>10</u>	<u>10</u>	_____ hr. _____ min.

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

10. Usual occupation retired

11. Industry or business At home

12. Name Joseph Kovarik

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

14. Maiden name unknown

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

16. (a) Informant Frank Kovarik

(b) Address 5301 Alfred

17. (a) burial (b) Date thereof 6-25-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Johns Cemetery, Rock Creek, Mo.

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 South Grand Blvd.

19. (a) JUN 23 1943 (b) J. J. Bredet  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
 (c) City or town City of St. Louis 17  
(If outside city or town limits, write "RURAL") 715  
 (d) Street No. 4730 Adkins  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22  
 year 1943 hour 5 minute 25 a. m.

21. I hereby certify that I attended the deceased from 1-25-43  
 \_\_\_\_\_, 19\_\_\_\_ to 6-22, 1943  
 that I last saw him \_\_\_\_\_ alive on 6-22, 1943  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 48 hours

Due to Chronic Myocarditis & Arteriosclerosis Several years

Due to \_\_\_\_\_

Other conditions 93  
(Include pregnancy within 3 months of death)

Major findings: Of operations no

Of autopsy no

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) no

(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 W. J. Shaw (M. D. or other) \_\_\_\_\_  
 Address 3804 Wilmington Ave. Date signed 6/22/43

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

MOTHER FATHER

3806.212

**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..... *Virgil L. Berryman*.....  
Licensed Embalmer No. *4018*.....  
P. O. Address..... *St. Louis, 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.**