

FILED NOV 18 1943 318

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. 9632

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:  
Lutheran Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 Weeks  
(Specify whether  
In this community 60 years  
years, months or days)

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. 3117 So. 7th  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mr. Frank Kordik

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married. Divorced Widowed

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

7. Birth date of deceased August 8th, 1878  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
65 2 23 hr. min.

9. Birthplace Strakonitz Czecho Slovakia  
(City, town, or county) (State or foreign country)

10. Usual occupation Butcher (Retired)

11. Industry or business Retail Butcher

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mr. William Kordik

(b) Address 3117 So. 7th

17. (a) Burial (b) Date thereof Nov. 3, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Cemetery

18. (a) Signature of funeral director Reidervieden F. H. Inc.

(b) Address 1936 St. Louis Avenue

19. (a) NOV 3 1943 (b) J. F. Bredbeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 1  
year 1943 hour 1 minute 00 A.M.

21. I hereby certify that I attended the deceased from 10-4- 1943, to 10-31- 1943

that I last saw him alive on 10-31- 1943; and that death occurred on the date and hour stated above.

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

Broncho pneumonia 4 days

Due to the myocarditis 2 yrs

Due to Carbon monoxide 2 yrs

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

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 Eugene a Vogel (M. D. or other) M.D.

Address 322 S Grand Date signed 11/1/43

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

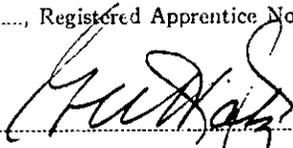
MOTHER FATHER

2-4

**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. 2737

P. O. Address 1936 41. 1000 E

**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.**