

P. S. No. 2
DOM-5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4357**

FILED FEB 7 1944

Registration District No. **7349**

Primary Registration District No. **3069**

Registrar's No. **254**

96
3 86
WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **St. Louis**

(b) City or town **Clayton Richmond Heights**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **St. Marys Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **9 Days**
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**

(c) City or town **St. Louis,** (If outside city or town limits, write "RURAL") **17**

(d) Street No. **1857 S.13 Str.** (If rural, give location) **9**

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME **Josephine Kofron**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **-----**

4. Sex **Female** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Peter Kofron**

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Unknown About 1866**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

About 78 Unknown hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER { 12. Name **Josephine Kozelka**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Mary Masek**

(b) Address **1900 S.18 Str.**

17. (a) **Burial** (Burial, cremation, or removal)

(b) Date thereof **1/29/44**
(Month) (Day) (Year)

(c) Place: burial or cremation **New S. S. Peter & Paul**

18. (a) Signature of funeral director **Wm. E. Moyall**

(b) Address **1926 Allen Ave**

19. (a) **FEB 1 - 1944** (Date received local registrar)

(b) **E. J. Mc Gowan, M.D.** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **27**
year **1944** hour **1** minute **A.** M.

21. I hereby certify that I attended the deceased from **Jan. 18** 19**44**, to **Jan. 27** 19**44**

that I last saw her **or** alive on **Jan 23** 19**44**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** Duration **10 days**

Due to _____

Due to _____

Other conditions **186a**
(Include pregnancy within 3 months of death)

Major findings: **186**

Of operations _____

Of autopsy _____

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) **Fall down stairs**

(b) Date of occurrence **1/17/44**

(c) Where did injury occur? **St. Louis Mo**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
home

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature **H. M. Freund** (M. D. or other)

Address **2115 S. Grand** Date signed **1/28/44**

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Alan B. Moyall

Licensed Embalmer No. 1467

P. O. Address 1926 Allen a

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.