

FILED MAR 22 1944

Registration District No. 7

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Manchester
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Manchester Nursing Home
(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

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. 3426 Indiana Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

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

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 Marie Kochanek 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 4, 1871
(Month) (Day) (Year)

8. AGE: Years 72 Months 9 Days 13 If less than one day _____ hr. _____ min.

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

10. Usual occupation Watchman
11. Industry or business City of St. Louis (1933)

MOTHER FATHER { 12. Name Martin Kochanek
13. Birthplace unknown Austria
(City, town, or county) (State or foreign country)
14. Maiden name Anna Marko
15. Birthplace unknown Austria
(City, town, or county) (State or foreign country)

16. (a) Informant Alfred P. Taus
(b) Address 9309 Niles Place, Affton, Mo.

17. (a) Burial (b) Date thereof March 20, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director Beiderwieden F.H. Inc.
(b) Address 1936 St. Louis Avenue

19. (a) MAR 21 1944 (b) E. G. McFarlan, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17
year 1944 hour 5 minute 15 A. M.

21. I hereby certify that I attended the deceased from Dec 1, 1943, to March 17, 1944;
that I last saw him alive on March 16, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocardiopathy

Due to _____

Due to _____

Other conditions (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? _____

(Specify type of place) _____ While at work? _____ (e) Means of injury _____

23. Signature A. J. Mullen (M. D. or other) _____
Address 2507 Poloma Date signed 3-19-44

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

copies 90
3/44

MAR 23 1944

MAR 27 1944

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. 3737

P. O. Address 1936 St. Louis Ave.

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.