

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JUL 28 1944  
 318

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. 6334

1. PLACE OF DEATH:  
 (a) County \_\_\_\_\_  
 (b) City or town St. Louis, Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Jewish Hosp. of St. Louis  
 (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. 2013 N. 13th  
 (If rural, give location)  
 (e) Citizen of foreign country? Rothmania (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ALEXANDER NARKUNIS  
 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 W  
 6. (b) Name of husband or wife \_\_\_\_\_  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased: MARCH 11 1868  
 (Month) (Day) (Year)

8. AGE: Years 76 Months 4 Days 5  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Luthwans (City, town, or county) \_\_\_\_\_ (State or foreign country)  
 10. Usual occupation Nat

11. Industry or business \_\_\_\_\_  
 12. Name Victor Narkunis  
 13. Birthplace Luthwans (City, town, or county) \_\_\_\_\_ (State or foreign country)  
 14. Maiden name Amelia Brustinski  
 15. Birthplace Luthwans (City, town, or county) \_\_\_\_\_ (State or foreign country)

16. (a) Informant Alex. Blaszczak  
 (b) Address 7628 N. 18th  
 17. (a) Burial (b) Date thereof 7-19-44  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Central M.D. Co.  
 (b) Address 1841 Cass Ave  
 19. (a) J.M. (b) J. F. Brudeck  
 (Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month July day 16th  
 year 1944 hour 8 minute 05 A.M.  
 21. I hereby certify that I attended the deceased from 6/26/44  
 \_\_\_\_\_, 19\_\_\_\_, to 7/16, 1944  
 that I last saw him alive on July 16, 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
Pneumonia - bilateral  
Cardiac Failure

Due to Carcinoma of Cecum  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) Hb

Major findings: Carcinoma of Cecum  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
 (c) 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)  
 (c) Means of injury \_\_\_\_\_  
 23. Signature Jack Alfred M.D. (M. D. or other)  
 Address 716 S. Kings Highway Date signed 7/17/44

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

MOTHER FATHER

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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 Sheldon Collier  
Licensed Embalmer No. 3382  
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.**