

FILED JUL 31 1944

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6366

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

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:
4551 Athlone Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
In this community 40 Years. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Albert Pokorny

3. (b) If veteran, name war.....

3. (c) Social Security No. 500-18-9961

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

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

7. Birth date of deceased July 9, 1897
(Month) (Day) (Year)

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

47 0 7 hr. min.

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

10. Usual occupation Cigar Maker

11. Industry or business.....

12. Name Karl Pokorny

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

14. Maiden name Katherine Thomas

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

16. (a) Informant Mrs. Katherine Pokorny

(b) Address 4551 Athlone Ave.

17. (a) Burial (b) Date thereof 7/20/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address 2117 E. Grand Blvd.

19. (a) JUL 19 1944 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

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

(d) Street No. 4551 Athlone Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16
year 1944 hour 6 minute 30A. M.

21. I hereby certify that I attended the deceased from July 12 1944 to 7/16/44 1944
that I last saw him alive on 7/16 and that death occurred on the date and hour stated above.

Immediate cause of death ac labor pneumonia

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) 108

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?.....

While at work?..... (Specify type of place) (Specify means of injury)

23. Signature [Signature] (M. D. or other).....

Address [Address] Date signed 7/17/44

Duration 1 Day

PHYSICIAN

Underline the cause to which death should be charged statistically.

844

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..... *Alfred J. Budeker*
Licensed Embalmer No. *2663*
P. O. Address *5934 Alpha*

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.