

FILED DEC 5 1944
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1005

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 10054

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:
5011 Louisiana Ave.
(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 MO
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 1825 S. 14th Street
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Joseph Krutisch

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

7. Birth date of deceased Unknown About 1876
(Month) (Day) (Year)

8. AGE: Years About 68 Months Unknown Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Carpenter

11. Industry or business

MOTHER FATHER { 12. Name Frank Krutisch
 13. Birthplace Czechoslovakia
(City, town, or county) (State or foreign country)
 14. Maiden name Josephine Mayer
 15. Birthplace Czechoslovakia
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Krutisch
 (b) Address 3322 Ohio Ave.

17. (a) Burial (b) Date thereof 11/27/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcuss

18. (a) Signature of funeral director Wm. S. Maynard

(b) Address 1926 Allen Ave.

19. (a) NOV 27 1944 J. F. Bruders
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 23
 year 1944 hour _____ minute 05 P.M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;

that I last saw him _____ alive on _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Demorrhage of the brain produced skull fracture when deceased fell down a flight of steps at the home of his daughter at 5011 Louisiana Ave. on Nov. 23, 1944 about 1:05 P.M.

Other conditions 180
(Include pregnancy within 3 months of death)

Major findings:

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) Accident MOE
 (b) Date of occurrence Nov. 23, 1944
 (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? No (Specify type of place) Means of injury Car above

23. Signature James J. Pflum (M. D. or other) _____
 Address 1830 S. 14th Date signed 11/27/44

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

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 J. M. Davis

Licensed Embalmer No. 3741

P. O. Address 1926 Allen

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.