

7. S. No. 2
 FORM-5-43
 Rev. 5-17-39
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THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **39952**
 Registrar's No. **10550**

FILED DEC 27 1944
 Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital - Max C. Starkloff
(If not in hospital or institution, write street number or location) Memorial

(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)

In this community 0
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mo. Co.

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

(d) Street No. 3225 57 St
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Anton Zorko

3. (b) If veteran, name war No 3. (c) Social Security No. ---

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced wid

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

7. Birth date of deceased unknown about 1868
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 9th
 year 1944 hour 7:00 minute P. M.

21. I hereby certify that I attended the deceased from 12/7/44
 _____, 19____, to Dec. 9th, 1944
 _____, 19____, to Dec. 9th, 1944

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

8. AGE:	Years	Months	Days	If less than one day
<u>about</u>	<u>76</u>	<u>unknown</u>	<u>---</u>	<u>---</u> hr. <u>---</u> min.

Immediate cause of death cerebral hemorrhage

Duration _____

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 82nd

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

10. Usual occupation Brewery Worker

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown 9

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

14. Maiden name Unknown

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

16. (a) Informant William Gorko
 (b) Address 2330 Lemp

17. (a) burial (b) Date thereof 12/13/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation old St. Peter & Paul

18. (a) Signature of funeral director Wm. B. Mayall
 (b) Address 1926 Allen

19. (a) DEC 11 1944 (b) J. F. Bedeck
(Date received local registrar) (Registrar's signature)

Major findings:
 Of operations _____

Of autopsy same

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) _____

(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)

(e) Means of injury _____

23. Signature W. D. Leary Jr. (M. D. or _____)
 Address 1515 Lafayette Date signed 12/11/44

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 Mr

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

Signed Ken. B. Myrall

Licensed Embalmer No. 1467

P. O. Address 1926 Allen 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.