

S. No. 2
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7-5-17-39
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39445
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 78334
Registrar's No. 2362

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County _____
(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 #1. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 days
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME George Kmezc Horvat
3. (b) If veteran, name war No
3. (c) Social Security No. 494-01-4892

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased February 26 1884
(Month) (Day) (Year)

8. AGE: Years 61 Months 1 Days 11
If less than one day _____ hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name George Kmezc

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

14. Maiden name Elizabetha Jakab

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

16. (a) Informant Mary Kmezc

(b) Address 1411 Penrose Str.

17. (a) Burial (b) Date thereof 3/14/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director Wm C. Muzdal

(b) Address 1926 Allen Ave.

19. (a) MAR 13 1945 J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis. (If outside city or town limits, write "RURAL") 9
(d) Street No. 1411 Penrose Str.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12th
year 1945 hour 6:50 minute A. M.

21. I hereby certify that I attended the deceased from 2/28/45
_____, 19____, to 3/12/45, 19____;
that I last saw him alive on 3/12/45, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Coronary Thrombosis
Due to _____
Due to 124
Other conditions _____
(Include pregnancy within 3 months of death)

Duration _____
Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____
Of autopsy Refused

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) Manner of injury _____
23. Signature James J. Scott (M. D. or other)
Address 1515 Lafayette 3/12/45

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 A. M. Davis

Licensed Embalmer No. 3741

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.