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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

FILED MAR 6 1946

6 1946

STANDARD CERTIFICATE OF DEATH

State File No. **7349**

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **1777**

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: Alexian Brothers Hospital
(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)

3. (a) PRINT FULL NAME JOSEPH F. CUTAK

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, Married

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

7. Birth date of deceased September 20, 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 5 0 hr. min.

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

10. Usual occupation Gardner

11. Industry or business.....

MOTHER FATHER { 12. Name Joseph Cutak

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

14. Maiden name Aloisia Brkei

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

16. (a) Informant Cecelia Cutak
(b) Address 3339 Virginia Avenue

17. (a) Burial (b) Date thereof Feb. 23, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New SS. Peter & Paul

18. (a) Signature of funeral director Wm E. Mayall

(b) Address 1926 Allen Avenue.

19. (a) FEB 23 1946 (b) J F Bresch
(Date received local registrar) (Registrar's signature)

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. 3339 Virginia Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 20
year 1946 hour 9 minute 2 A.M.

21. I hereby certify that I attended the deceased from Feb. 18, 1946 to Feb. 20, 1946
that I last saw him alive on Feb. 20, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart Disease

Due to.....

Due to.....

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

Major findings:
Of operations.....

Of autopsy Same as above

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 E. G. Jassin (M. D. or other).....

Address Frisco Bldg Date signed 2/21

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Berj C. Dunbar
Licensed Embalmer No. 3272
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.