

Registration District No. **318** Primary Registration District No. **1003**

FILED MAR 18 1946

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
City Hospital #1 0
(If not in hospital or institution, write street number or location)

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

3. (a) PRINT FULL NAME KATHERINE KRAJCOVIC

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

3. (c) Social Security No.....

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John Krajcovic

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased March 2, 1890
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
56	0	2	hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

12. Name John Solovic

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

14. Maiden name Anna Sudl

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

16. (a) Informant John Krajcovic

(b) Address 3025 Magnolia Avenue

17. (a) Burial (b) Date thereof 3-7-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cemetery

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

(b) Address 1926 Allen Avenue

19. (a) MAR 5 1946 (b) J. R. Bredecek
(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")

(d) Street No. 3025 Magnolia Avenue
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4th
year 1946 hour 7 minute 30 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 Fracture of skull, intracerebral hemorrhage of brain suffered when she fell to the street at the southeast corner of Minnesota and Magnolia on my walk 4 1946 about 1:00 P.M.

Due to 18h 5

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

Major findings:
Of operations 3/7

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

(b) Date of occurrence March 4 1946

(c) Where did injury occur? at home
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Subur street

While at work? labor
(Specify type of place) (c) Means of injury

23. Signature John C. Moydell (Registrar, D. or other).....
Address 1926 Allen Date signed 3/6/46

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. L. Duman
.....
Licensed Embalmer No. 2272

P. O. Address 1926 Allen Avenue

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.