

S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

FILED AUG 9 1946
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Registration District No. Primary Registration District No. Registrar's No.

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:
3118 Potomac Street
(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) Barnes Hospital

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

3. (a) PRINT FULL NAME HENRY KRYSL

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, single

6. (b) Name of husband or wife _____

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

7. Birth date of deceased January 1-1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

71 6 28 _____ hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name Peter Krysl

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

14. Maiden name Anna Masch

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

16. (a) Informant Millie Fallen

(b) Address 3118 Potomac Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-31-1946
(Month) (Day) (Year)

(c) Place: burial or cremation New Picker Cemetery

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

(b) Address 1926 Allen Avenue

19. (a) JUL 30 1946 (Date received by registrar) J. F. Brudeck (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. 3118 Potomac Street
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29th year 1946 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from 25 June 1946 to 29 July 1946
that I last saw him alive on 12 July 1946 and that death occurred on the date and hour stated above.

Immediate cause of death

1) Carcinoma stomach (cardia) 7 mo.

2) Carcinoma Rectum 7 mo.

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 46

Major findings: Biopsy of rectum confirmed diagnosis (2)

Of operations _____

Of autopsy _____

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 R. W. Kelley (M. D. or other) M.D.
Address 3220 Washington Date signed 30/7/46

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..... *Benj. C. Duncan*

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.