

No. 2
-12-45
5-17-39
I X47070

STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
STANDARD CERTIFICATE OF DEATH
FILED OCT 28 1946

State File No. 34748
Registrar's No. 3090

Registration District No. 317 Primary Registration District No. 6076

1. PLACE OF DEATH:
(a) County St. Louis County
(b) City or town Gravoisville
(c) Name of hospital or institution:
Millers Nurse ing Home
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

3. (a) PRINT FULL NAME Florance e Cyrulik
3. (b) If veteran, name war _____ 3. (c) Social Security No. 117-444
4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced W 2
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan. 10 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 9 7 hr. min.

9. Birthplace Radom Ill
(City, town, or county) (State or foreign country)
10. Usual occupation None

11. Industry or business _____
12. Name Andrew Kurek
13. Birthplace Poland
14. Maiden name Julianna Kurek
15. Birthplace Poland

16. (a) Informant Anthony Zebrowitz
(b) Address 5200 Tholozn
17. (a) Burial (b) Date thereof 10/21/46
(City, town, or county) (State or foreign country) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Central Und Co
(b) Address 1841 Cass ave
19. (a) 10-22-46 (b) Ruth A. Reel
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County _____
(c) City or town St Louis County
(d) Street No. 8149 Gravois
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

20. DATE OF DEATH: Month Oct day 18 year 46 hour 4:00 minute 0 M.
21. I hereby certify that I attended the deceased from Oct 5-8 1946
that I last saw her alive on Oct 18 1946
and that death occurred on the date and hour stated above.

Immediate cause of death ac myocarditis
Due to arterio sclerosis
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: 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 W. H. Walters (M. D. or other) M.D.
Address 3609 S Grand Date signed 10/18/46

(Licensed Embalmer's Statement on Reverse Side)

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

3357

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.....

J. Allen Davis
Licensed Embalmer No. 4953
P. O. Address..... *St. Louis*

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.