S. No. 2
M—5-43
X5-17-39
X56671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11133

FILED MAR 24 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2707

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3701a Blow Street
(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)

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. 3701a Blow St.,
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charles J. Koran

3. (b) If veteran, name war None

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 Helen Koran

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

7. Birth date of deceased August 26, 1884 (Month) (Day) (Year)

8. AGE: Years 62 Months 6 Days 17 If less than one day hr. min.

9. Birthplace Czechosloviaka (City, town, or county) 6 (State or foreign country)

10. Usual occupation Maintenance Man

11. Industry or business

MOTHER FATHER

12. Name Albert Koran

13. Birthplace Czechosloviaka (City, town, or county) 6 (State or foreign country)

14. Maiden name Anna Beran

15. Birthplace Czechoslaviaka (City, town, or county) 6 (State or foreign country)

16. (a) Informant Mrs. Helen Koran
(b) Address 3701a Blow St.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-17-47 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6322 S. Grand Blvd.

19. (a) MAR 14 1947 (Date received local registrar) J. F. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13th year 1947 hour 10 p.m. minute M.

21. I hereby certify that I attended the deceased from February 10th 1946 to March 13th 1947 that I last saw him alive on March 13th 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Colon	2 mo.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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)
(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) Means of injury

23. Signature Albert Beisbaith M.D. (M. D. or other)
Address 3606 Gravois Ave Date signed 2-14-47

(Licensed Embalmer's Statement on Reverse Side)

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. Wm. Buckley

Licensed Embalmer No. 3653

P. O. Address St Louis Mo

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.

No. 2B
M—3-45
I X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. April

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2702

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:
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Charles J. Koran

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Aug (Month) 26 (Day) 1884 (Year)

8. AGE: Years 62 Months 6 Days 17 If less than one day hr. min.

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

10. Usual occupation Maintenance Man

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) J. F. Brebeck (Registrar's signature) APR 7 1947

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March 13
year 1947 hour minute M.

21. I hereby certify that I attended the deceased from
, 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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)

(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) Means of injury

23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

11133