

No. 2
2-45
17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 14 1947
318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. **19053**
Registrar's No. **5662**

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Firmin Desloge 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 **Adam Krajcovic**
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 **November 25 1893**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
53 6 12 hr. min.

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

10. Usual occupation **Tailor**

11. Industry or business _____

12. Name **Martin Krajcovic**
13. Birthplace **Czechoslovakia**
(City, town, or county) (State or foreign country)
14. Maiden name **Katherina Coran**
15. Birthplace **Czechoslovakia**
(City, town, or county) (State or foreign country)

16. (a) Informant **Katherine Hubel**
(b) Address **4431 Neosho**

17. (a) **Burial** (b) Date thereof **6/10/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Trinity Lutheran Cem.**

18. (a) Signature of funeral director **Wm. G. Marston**
(b) Address **1926 Allen Av.**

19. (a) **JUN 9 1947** (b) _____
(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. **4431 Neosho**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **7**
year **1947** hour **6.30** minute _____ P. M.
21. I hereby certify that I attended the deceased from **4/2/47**
19____ to **6/7/47** 19____;
that I last saw him alive on **6/7/47** 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Metastatic carcinoma primary stomach**
Due to _____
Duration _____

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: **Metastatic carcinoma of stomach**
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:
(c) 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 _____ (b) Means of injury _____
23. Signature **Warren G Marston** (M. D. or other) _____
Address **607 - N. Grand** Date signed **6/9/47**

(Licensed Embalmer's Statement on Reverse Side)

Warren G Marston

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

MOTHER FATHER

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 me

....., Registered Apprentice No.

working under my personal supervision.

Signed

Benny R. Duncan

Licensed Embalmer No.

2772

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.