No. 2
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5-17-39

#83170

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 25 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

1000

Primary Registration District No.

10296

State File No.

Registrar's No. 2670

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

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 St. Louis City Hospital-Max-C. Starkloff
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days (Specify whether
In this community Life
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. 1342 Union Ave.
Memorial 6 (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME ANTHONY HRUSKA

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

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

4. Sex Malee

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 February (Month) 8 (Day) 1881 (Year)

8. AGE: Years 67 | Months 1 | Days 3 | If less than one day br. min.

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

10. Usual occupation Nil

11. Industry or business

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

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

16. (a) Informant City Hospital Records
(b) Address St. Louis, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-18-48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) MAR 17 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11th year 1948 hour 4 minute 05 P M.

21. I hereby certify that I attended the deceased from 3/2/48, 19, to March 11th, 1948 that I last saw him alive on March 11th, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Chronic Pylonephritis non-calculus.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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 E. H. Cason M.D. (M. D. or other)

Address 1515 Lafayette Date signed 3/12/48

Jefferson City Printing Co.

(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 Ralph W Henson

Licensed Embalmer No. 3791

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.