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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 6 1948
Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

24446
State File No. 6647
Registrar's No.

Primary Registration District No. 1003

WRITE PLAINLY—USE 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 Memorial
(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 MIKE KOKORUZ
3. (b) If veteran, name war _____
3. (c) Social Security No. 492-01-6249

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 May ? 1893
(Month) (Day) (Year)

8. AGE: Years abt. - 55 Months 2 Days ?
If less than one day _____ hr. _____ min.

9. Birthplace: Austria-Galicia
(City, town, or county) (State or foreign country)

10. Usual occupation Shoemaker

11. Industry or business Shoe Mfg.

MOTHER FATHER
12. Name Steven Kokoruz
13. Birthplace Austria-Galicia
(City, town, or county) (State or foreign country)
14. Maiden name Mary Viadika
15. Birthplace Austria-Galicia
(City, town, or county) (State or foreign country)

16. (a) Informant Mike Dmytryszyn
(b) Address 2749 Accomac St.

17. (a) Burial (b) Date thereof 7/29/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Resurrection Cem.

18. (a) Signature of funeral director CHULICK FUNERAL HOME
(b) Address 1722 S. Jefferson Ave.

19. (a) JUL 28 1948 J. F. Bredek
(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. 2749 Accomac St.
(If rural, give location)
(e) Citizen or foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 27th
year 1948 hour 8 minute 30 A.M.
21. I hereby certify that I attended the deceased from 7/25/48
July 27th 19 48
that I last saw him in live on July 27th, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Carcinomatous
Due to Gastric Carcinoma
Site-Probably stomach

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 J. F. Bredek 1515 Lafayette 7/29/48
Address _____ Date signed _____

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 Wesley A. Chubbick Jr.

Licensed Embalmer No. 4143

P. O. Address 1722 S. Jeff

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.