

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. 27927
Registrar's No. 7072

FILED AUG 23 1948
Registration District No. 318

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3709a Hydraulic Avenue
(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 FRANK KRUTAK

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 Married
6. (b) Name of husband or wife Marie Krutak 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased May 17-1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 2 23 hr. min.

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

10. Usual occupation Shoe Worker

11. Industry or business _____

12. Name Frank Krutak
13. Birthplace Czechoslovakia
(City, town, or county) (State or foreign country)
14. Maiden name Mary Vlasic
15. Birthplace Czechoslovakia
(City, town, or county) (State or foreign country)

16. (a) Informant Marie Krutak

(b) Address 3709a Hydraulic Avenue

17. (a) Burial (b) Date thereof 8-13-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Picker

18. (a) Signature of funeral director Joseph H. Budeck

(b) Address 1926 Allen Avenue

19. (a) AUG 12 1948 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3709a Hydraulic Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 10th
year 1948 hour 9 minute 55 A.M.

21. I hereby certify that I attended the deceased from July 17 1948 to Aug 10 1948
that I last saw him alive on Aug 8 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-renal disease Duration 6 yrs.
Hypertension of prostate 6 mo.
Hypertension 6 yrs.

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?

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Edward H. Hamtel (M. D. or other)
Address 1504 So. Grand Date signed 8/11/48

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.....

Benj. C. Duncan

.....
Licensed Embalmer No. 2272

P. O. Address. 1926 Allen Avenue

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.