

FILED MAR. 19 1952  
Register No. 99203

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11438**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 254

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

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>ILLINOIS</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JEFF. BRKS. MO.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>GRANITE CITY</b> <u>8120</u>	
c. LENGTH OF STAY (In this place) <b>20 Days</b>		d. STREET ADDRESS (If rural, give location) <b>1600 CLEVELAND</b> <u>8</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>VET. ADM. HCSP.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>ADAM</b> b. (Middle) <b>JAMES</b> c. (Last) <b>KURASIEWITZ</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>1/29/52</b>	
5. SEX <b>MALE</b> <u>0</u>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b> <u>0</u>	8. DATE OF BIRTH <b>12/21/1900</b>
9. AGE (In years last birthday) <b>51 yrs.</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Cook</b>	11. BIRTHPLACE (State or foreign country) <b>Philadelphia, Pa.</b>
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>Frank Kurasiewitz</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>Yes WW II</b>	16. SOCIAL SECURITY NO. <b>528 34 9356</b>	17. INFORMANT'S SIGNATURE OR NAME <b>V. A. HOSPITAL RECORDS</b>	ADDRESS
---	---	--	---------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>1 Mo.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>PULMONARY TUBERCULOSIS, FAR ADVANCED,</b> <b>ACTIVE</b>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____			

19a. DATE OF OPERATION -	19b. MAJOR FINDINGS OF OPERATION -	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
-----------------------------	---------------------------------------	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>NONE</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) -	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) - - -
---	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>VA</b> m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? -
---	--	---------------------------------

I hereby certify that I attended the deceased from 1/9 1952, to 1/29 1952, that I was the attending physician, and that death occurred at 1:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE <b>George A. Make</b>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>V.A. HOSPITAL JEFF. BRKS. MO.</b>	23c. DATE SIGNED <b>1/29/52</b>
---	----------------------------------	--	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>1-31-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>National</b>	24d. LOCATION (City, town, or county) (State) <b>Jefferson Brks. Mo.</b>
--	-----------------------------	---	---

DATE REC'D BY LOCAL REG. <b>1-30-52</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Donke, MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>John J. Sedlack</b>	ADDRESS <b>Madison, Ill</b>
--	--	--	--------------------------------

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student.....  
Student Embalmer

Signed *John L. Sedlack* \_\_\_\_\_

Licensed Embalmer No. *3747* \_\_\_\_\_

P. O. Address *Madison, Illinois* \_\_\_\_\_

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.