

STANDARD CERTIFICATE OF DEATH

State File No. **29688**

FILED SEP 8- 1952

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8210**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY 2157	
b. CITY (If outside corporate limits, write RURAL and give township) OR ST. LOUIS Mo TOWN		c. CITY (If outside corporate limits, write RURAL and give township) OR ST. LOUIS TOWN	
d. FULL NAME OF HOSPITAL OR INSTITUTION ALEXIAN BROS. HOSPITAL		d. STREET ADDRESS (If rural, give location) 4529 ALASKA	
3. NAME OF DECEASED (Type or Print) CHARLES KOLAR		4. DATE OF DEATH (Month) (Day) (Year) AUG. 28 1952	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH NOV. 4 1885
9. AGE (In years last birthday) 66		10. UNDER 1 YEAR Months Days	11. UNDER 1 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED PAINTER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) BOHEMIA 8
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME CHARLES KOLAR	
13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE THERESA KOLAR (DEC'D)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME CHARLES KOLAR		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Esophageal Hemorrhage ANTECEDENT CAUSES Hepatic cirrhosis 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.		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR 5810		22. I hereby certify that I attended the deceased from 8/13, 1952 , to 8/28/52, 19 , that I last saw the deceased alive on 8/28, 1952 , and that death occurred at 2 a. m. , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) E. F. Dossin M.D.		23b. ADDRESS Frisco Bldg	
23c. DATE SIGNED 8/28/52		24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION	
24b. DATE AUG 30 1952		24c. NAME OF CEMETERY OR CREMATORY MISSOURI CREMATORY	
24d. LOCATION (City, town, or county) (State) ST. LOUIS Mo		25. FEDERAL DIRECTOR'S SIGNATURE Thomas Kutis	
DATE REC'D BY LOCAL REG. AUG 30 1952		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	
25. FEDERAL DIRECTOR'S SIGNATURE Thomas Kutis		ADDRESS 2906 Gravois	

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

Johnnie H. H. H. H.
OK 4741
906 Olive
1⁰⁰ to 2⁰⁰ P.M. Thurs.

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 *Lej Burde*
Licensed Embalmer No. *3989*

P. O. Address *St. Louis*

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.