

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36581**
Registrar's No. **10027**

FILED NOV 13 1952

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 10027		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS Mo		c. LENGTH OF STAY (In this place) 1 WK.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		2239		
d. FULL NAME OF HOSPITAL OR INSTITUTION ALEXIAN BROS. Hosp. 23 26 26 - ACCOMAC				d. STREET ADDRESS (If rural, give location) 23 26 26 - ACCOMAC				
3. NAME OF DECEASED (Type or Print) a. (First) JACOB			b. (Middle) -			c. (Last) KUKULJAN		
4. DATE OF DEATH (Month) (Day) (Year) OCT. 30 1952								
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 7-13-1982	9. AGE (In years last birthday) 70	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 2 yrs. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WATCHMAN		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) AUSTRIA 4		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME JOHN KUKULJAN		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE VERONICA KUKULJAN				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 491-10-6976		17. INFORMANT'S SIGNATURE OR NAME VERONICA KUKULJAN ADDRESS 2626^a ACCOMAC				
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) Possible dearteriosclerosis of aortic ANTECEDENT CAUSES Entered - Colitis - Chronic asthma 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) no		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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 5721				
22. I hereby certify that I attended the deceased from Oct 23 , 1952, to Oct 30 , 1952, that I last saw the deceased alive on Oct 30 , 1952, and that death occurred at 5:00 A.M. , from the causes and on the date stated above.								
23a. SIGNATURE R. Bergmd				23b. ADDRESS (Degree or title) 3203 S Blvd St. Louis Mo		23c. DATE SIGNED 10-20-52		
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE Nov. 3 1952		24c. NAME OF CEMETERY OR CREMATORY RESURRECTION CEM.		24d. LOCATION (City, town, or county) (State) ST. LOUIS Mo		
DATE REC'D BY LOCAL REG. OCT 31 1952		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE Thomas Rubio ADDRESS 2906 Morris				

(Licensed Embalmers' Statement on Reverse Side)

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

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 James C. Hill

Licensed Embalmer No. 4347

P. O. Address 2906 Harris

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.