

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32763**

FILED SEP 19 1956

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **1954**

1. PLACE OF DEATH a. COUNTY ST. LOUIS		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 town(ship)) OR TOWN GARDENVILLE		c. LENGTH OF STAY (in this place) 5 WKS. 2 Ds	
d. FULL NAME OF HOSPITAL OR INSTITUTION MILLER NURSING HOME		STREET ADDRESS (If rural, give location) 910² RUSSELL BLVD	

3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH b. (Middle) PETER c. (Last) KURINEC			4. DATE OF DEATH (Month) (Day) (Year) Aug. 11 1956		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH MAR. 19 1883		9. AGE (In years last birthday) 73		IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STEEL WORKER		10b. KIND OF BUSINESS OR INDUSTRY ST. LOUIS STEEL		11. BIRTHPLACE (City and State or Foreign Country) CZECHO SLOVAKIA	
13a. FATHER'S NAME PETER KURINEC			13b. MOTHER'S MAIDEN NAME KATHERINE ZENKO		14. NAME OF HUSBAND OR WIFE CLARA KURINEC
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 490-01-0715		17. INFORMANT'S SIGNATURE OR NAME ADDRESS CLARA KURINEC 910² RUSSELL	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis		INTERVAL BETWEEN ONSET AND DEATH 2 days	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis		1 year	
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. myocarditis, chronic		unknown	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 332X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Aug 8**, 19**56**, to **Aug 11**, 19**56**, that I last saw the deceased alive on **Aug 11**, 19**56**, and that death occurred at **10:35 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M. R. Wulcher M.D.		23b. ADDRESS 8916 Brown		23c. DATE SIGNED 8-13-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE AUG. 16 1956		24c. NAME OF CEMETERY OR CREMATORY RESURRECTION CEM	
				24d. LOCATION (City, town, or county) (State) ST. LOUIS MO	

DATE REC'D BY LOCAL REG. 8-15-56		REGISTRAR'S SIGNATURE Herbert R. Donahue		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Rutes 2906 Prairie	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

6-8-PM
272 3-7161
1916/Blair

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.....
Signature of Student Embalmer

Signed.....
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.