

FILED DEC 20 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43295

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10744**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis</b>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <b>St. Affton's</b> <b>4810</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St Anthony, s Hospital</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <b>7900 Harlan Av</b>		<b>Affton Mo.</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Anna</b>	b. (Middle)	c. (Last) <b>Jurata</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Nov 23 1956</b>
-------------------------------------	------------------------	-------------	-------------------------	--

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>April 12 1890</b>	9. AGE (In years last birthday) <b>66</b>	If UNDER 1 YEAR Months	If UNDER 1 HRS. Days	Hours	Min.
----------------------	-------------------------------	---	---------------------------------------	---	------------------------	----------------------	-------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Czechoslovakia</b>	12. CITIZEN OF WHAT COUNTRY? <b>U S</b>
--	-----------------------------------	--	---

13a. FATHER'S NAME <b>John Kucera</b>	13b. MOTHER'S MAIDEN NAME <b>Eva Miskar</b>	14. NAME OF HUSBAND OR WIFE <b>Adam</b>
---------------------------------------	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Adam Jurata</b>	ADDRESS <b>7900 Harlan Av Affton</b>
--	-------------------------	--	--------------------------------------

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>about 12 mo.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Adenocarcinoma of stomach - generalized metastases.</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>metastases.</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>151X</b>			

19a. DATE OF OPERATION <b>7/13/56.</b>	19b. MAJOR FINDINGS OF OPERATION <b>adenocarcinoma of stomach - Gastro-enterostomy performed</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (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 **July 10**, 1956, to **Nov 23**, 1956, that I last saw the deceased alive on **Nov 23**, 1956, and that death occurred at **3:35 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Mrs. J. Wokawa Mrs. F.A.S.</b>	(Degree or title)	23b. ADDRESS <b>3804 Wilming Van Ave</b>	23c. DATE SIGNED <b>11-24-56.</b>
--	-------------------	--	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>11/26/56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Concordia Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St Louis Missouri</b>
---	---------------------------	--	--

DATE REC'D BY LOCAL REG. <b>NOV 26 1956</b>	REGISTRAR'S SIGNATURE <b>J. C. Smith M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Mooydell</b>	ADDRESS <b>Funeral Home 1926 Allen Av</b>
---	---	--	---

(Licensed Embalmer's 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 *me* Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *George J. Svoboda Jr.*  
Licensed Embalmer No. 4898  
P. O. Address 1926 Alle

**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.