

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-019357

STATE FILE NUMBER

2 4643

FILED MAY 26 1959 Registration District No. Primary Registration District No. Registrar's No.

300
-57

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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, give TOWNSHIP only) OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN ST. LOUIS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION FIRMIN DESLOGE HOSP.		Length of stay in 1b		d. STREET ADDRESS (If outside, give location) 5246 DEVONSHIRE	
3. NAME OF DECEASED (Type or print) First ANTON Middle KRIFKA Last			4. DATE OF DEATH Month MAY Day 9 Year 1959		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAR. 3 1896	9. AGE (In years last birthday) 63	10. FUNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRUCK DRIVER		10b. KIND OF BUSINESS OR INDUSTRY PEVELY DAIRY		11. BIRTHPLACE (City and state or country) AUSTRIA HUNGARY	
12. CITIZEN OF WHAT COUNTRY? U-S-A		13a. FATHER'S NAME JOHN KRIFKA		13b. MOTHER'S MAIDEN NAME KATHERINE KRIFA	
14. NAME OF HUSBAND OR WIFE MARY KRIFKA		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 490-01-4011	
17. INFORMANT MARY KRIFKA		Address 5246 DEVONSHIRE		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Generalized Carcinomatosis</u> DUE TO (b) <u>Carcinoma of Stomach</u> DUE TO (c) <u>151X</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u> <u>1 yr.</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>None</u>		20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>St Louis</u>		COUNTY STATE <u>MO</u>	
21. I attended the deceased from <u>Feb 16 1936</u> to <u>May 9 1959</u> and last saw her/him alive on <u>May 9 1959</u> Death occurred at <u>11:15 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>Max Stahlhoff MD</u> (Degree or title)		22b. ADDRESS <u>512 Dorel Place</u>	
22c. DATE SIGNED <u>5/12/59</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		23b. DATE <u>MAY 13 1959</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>SUNSET BURIAL PARK</u>		23d. LOCATION (City, town, or county) <u>ST. LOUIS CO. MO</u>		24. EMBALMER DIRECTOR <u>Thomas Kuto 2906 Gravois</u> ADDRESS	
25. DATE RECD. BY LOCAL REG. <u>MAY 12 59</u>		26. REGISTRAR'S SIGNATURE <u>Earl Smith, M.D.</u>		27. (Licensed Embalmer's Statement on Reverse Side)	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

22150

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 *Eleanora Prince*

Licensed Embalmer No. *3403*

P. O. Address *Jarvis*

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.