

**FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH**

FILED VS NOV 12 1959

59-037788

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. **2 9794**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Illinois</b> b. COUNTY <b>St. Clair</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>	Length of stay in lb <b>D.O.A.</b>	c. CITY OR TOWN <b>Washington Park</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Cochran Veteran Hosp.</b>		d. STREET ADDRESS <b>2309 N. 54th St.</b>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <b>JOSEPH ALBERT KUKLA</b>			4. DATE OF DEATH Month Day Year <b>Oct. 26, 1959</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3-18-19</b>	9. AGE (last birthday) <b>40</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter Helper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Levee District</b>	11. BIRTHPLACE (City and state or country) <b>East St. Louis, Ill.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Albert Kukla</b>		13b. MOTHER'S MAIDEN NAME <b>Constance (Unknown)</b>		14. NAME OF HUSBAND OR WIFE <b>Mary Kukla</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes W.W.I.I</b>		16. SOCIAL SECURITY NO. <b>348-05-4709</b>		17. INFORMANT <b>Mrs. Mary Kukla E. St. Louis, Ill.</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Chronic Tuberculosis</b>		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) <b>Pancreatitis, acute</b>		
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AN AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <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	COUNTY STATE

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at **715 A** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>Paul J. Simon Deputy Coroner</b>		22b. ADDRESS <b>1300 Clark</b>		22c. DATE SIGNED <b>10/26/59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>10/26/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>East St. Louis, Illinois</b>		23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR <b>John Kassly, E. St. Louis, Ill.</b>		25. DATE RECD. BY LOCAL REG. <b>OCT 26 1959</b>	26. REGISTRAR'S SIGNATURE <b>Paul Hirth</b>	

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT MEDICAL CERTIFICATION

*A.M.*

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by r  
or by West Embalmers, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Joseph J. Basily

Licensed Embalmer No. # 9754

P. O. Address East High St

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.