

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 13 1939 791
Registration District No.

Primary Registration District No.

Registrar's No.

8406

1. PLACE OF DEATH:

1003

- (a) County 1
- (b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)
- (d) Length of stay: In hospital or institution 6 Days
(Specify whether)

In this community
years, months or days

3. (a) PRINT FULL NAME

ALEXIUS PATRICK KOVICH 3121

8. (b) If veteran, name war

8. (c) Social Security No. 497-01-3565

4. Sex male

5. Color White
race Russian

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 1 years

7. Birth date of deceased August
(Month)

1, 1884
(Day) (Year)

8. AGE:

Years 55

Months 1

Days 29

If less than one day

hr. min.

9. Birthplace Grodno

(City, town, or county)

Russian-Poland

(State or foreign country)

10. Usual occupation shoe worker

Brown Shoe Company

11. Industry or business

MOTHER FATHER

12. Name Maxim PAVLOVICH KOVICH

13. Birthplace Grodno, Russian-Poland
(City, town, or county) (State or foreign country)

14. Maiden name unknown
(City, town, or county) (State or foreign country)

15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature M. M. Trechy

(b) Address 1516 Cass

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof Oct 3 / 39
(Month) (Day) (Year)

(c) Place: burial or cremation Mount Hope

18. (a) Signature of funeral director Central Und. Co

(b) Address 1841 Cass ave

19. (a) OCT 2 1939
(Date received local registrar)

(b) [Signature]
(Registered Embalmer)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County 1
- (c) City or town St. Louis 20
(If outside city or town limits, write "RURAL")
- (d) Street No. 2209 Hebert Street
(If rural, give location)
- (e) If foreign born, how long in U. S. A. 32 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 29,
year 1939 hour 9:20 minute P. M.

21. I hereby certify that I attended the deceased from September 24, 1939 to September 29, 1939

that I last saw him alive on September 29, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death

Cancer of the floor of the mouth

Duration

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify)
- (b) Date of occurrence
- (c) Where did injury occur? (City or town) (County) (State)
- (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

(Specify type of place)

(e) Means of injury

23. Signature M. A. Coakley (M. D. or other)
Address 1515 Lafayette Date signed 9/30/39

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *Guy W Wilkinson*.....

Licensed Embalmer No..... *3575*.....

P. O. Address.....

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, above space should be left blank.