

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 44618

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 231

**1. PLACE OF DEATH:**  
 (a) County St. Louis  
 (b) City or town Creasatet  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Koch Hosp  
 (If not in hospital or institution, write street number or location) 1  
 (d) Length of stay: In hospital or institution 218 days  
 (Specify whether) \_\_\_\_\_  
 In this community 8 years  
 years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County St. Louis  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 2701 S. 9th  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A? 8 years.

**3. (a) PRINT FULL NAME** MARY CRNKO 65+  
**3. (b) If veteran,** name war \_\_\_\_\_ **3. (c) Social Security** No. None

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month Dec. day 25, 1939  
 year 3 hour 15 minute 9 M.  
**21. I hereby certify that I attended the deceased from** 5-17-39  
 \_\_\_\_\_, 19\_\_\_\_, to 12-25, 1939;  
 that I last saw her alive on 12-25, 1939;  
 and that death occurred on the date and hour stated above.

**4. Sex** FEMALE **5. Color of race** WHITE  
**6. (a) Single, widowed, married,** divorced SINGLE  
**6. (b) Name of husband or wife** \_\_\_\_\_ **6. (c) Age of husband or wife if** \_\_\_\_\_  
 alive \_\_\_\_\_ years  
**7. Birth date of deceased.** June 6 1921  
 (Month) (Day) (Year)

**Immediate cause of death** Pulmonary Tuberculosis  
**Due to** \_\_\_\_\_  
**Due to** 23  
**Other conditions** \_\_\_\_\_  
 (include pregnancy within 3 months of death)  
**Major findings:** \_\_\_\_\_  
 Of operations \_\_\_\_\_  
**Of autopsy** \_\_\_\_\_

**8. AGE:** Years 18 Months 6 Days 19 If less than one day  
 hr. \_\_\_\_\_ min. \_\_\_\_\_

**9. Birthplace** JUVO-SLAVIA  
 (City, town, or county) (State or foreign country)

**10. Usual occupation** Student

**11. Industry or business** High School

**12. Name** MICHAEL CRNKO

**13. Birthplace** Juvo-Slavic  
 (City, town, or county) (State or foreign country)

**14. Maiden name** Janna Kovac

**15. Birthplace** Juvo-Slavic  
 (City, town, or county) (State or foreign country)

**16. (a) Informant's own signature** Koch Hosp Records

**(b) Address** Koch Hosp.

**17. (a) Burial** (b) Date thereof Dec. 28-  
 (Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** Old SS. Peter & Paul

**18. (a) Signature of funeral director** Moydell

**(b) Address** 1926 Allen Ave.

**19. (a) DEC 28 1939** (b) R. Meyer  
 (Date received local registrar) (Registrar's signature)

**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** B. Friedman M.D. (M. D. or other) \_\_\_\_\_  
**Address** Koch Hosp, Koch mo **Date signed** 12-25-39

**Duration** 2 yrs  
**PHYSICIAN** \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

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**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.....

*Benj C Duncan*

Licensed Embalmer No.....

*2272*

P. O. Address.....

*1926 Allen*

**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.**