

FILED NOV 16 1942
318

1003

Registration District No.

Primary Registration District No.

Registrar's No.

9274

1. PLACE OF DEATH:

(a) County St. Louis,
(b) City or town St. Louis,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4110 Dewey
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME Frank Kaul

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or race Wht. 6. (a) Single, widowed, married, 2 divorced Wid

6. (b) Name of husband or wife Elizabeth Kaul 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Dec. 15 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 10 20 ..hr. ..min.

9. Birthplace Czechoslovakia
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Ukn.

12. Name Ukn.

13. Birthplace Ukn.
(City, town, or county) (State or foreign country)

14. Maiden name Ukn.

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

16. (a) Informant Frank J. Kaul Jr.

(b) Address 4110 Dewey

17. (a) Burial (b) Date thereof Nov. 7, 42
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director W. C. Moyall

(b) Address 1926 Allen Ave.

19. (a) NOV 6 1942 (b) J. F. Marek
(Date received local registrar) (Registrar's signature)

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. 4110 Dewey
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11/3 day
year 1942 hour 5:15 minute 0 M.

21. I hereby certify that I attended the deceased from 6/5 - 1935 to 11/4/42
that I last saw him alive on 11-4 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Due to.....

Due to.....
Other conditions Senility
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

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?

(Specify type of place) While at work?..... Means of injury.....
23. Signature Joseph P. Clark (M.D. or other)
Address 4065 S. Grand Date signed 11/5/42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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
....., Registered Apprentice No.....
working under my personal supervision.

Signed J. M. Davis
Licensed Embalmer No. 3741
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, fact should be so stated above.