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FILED MAR 20 1948 18

Registration District No. Primary Registration District No.

Registrar's No.

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:
2862 North Union Blvd. /
(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)

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. 2862 North Union Blvd.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Frank Cor

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, divorced Married

6. (b) Name of husband or wife Marie Cor 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Unknown about 1887
(Month) (Day) (Year)

8. AGE: Years About 57m Months Unknown Days Unknown If less than one day hr. min.

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

10. Usual occupation Tavern Owner

11. Industry or business Frank Cor

12. Name Frank Cor

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

14. Maiden name Unknown

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

16. (a) Informant Frank Klekovich

(b) Address 2862 North Union Blvd.

17. (a) Burial (b) Date thereof 3/9/44
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Wm. B. Moyall

(b) Address 1926 Allen Ave.

19. (a) MAR 9 1944 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7
year 1944 hour 4 minute 15 P.M.

21. I hereby certify that I attended the deceased from Oct. 30 1942 to Mar. 7 1944

that I last saw him alive on 3-7- 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxia
caused by (Ruptured) Duration 5-6 yrs

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 W. B. Moyall (M. D. or other)

Address 1504 Do. Grand Date signed 3/8/44

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

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 W. 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.