

Registration District No. 318

Primary Registration District No. 1003

State File No.

Registrar's No. 9729

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(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: St. Louis City Hospital-Max C. Sta rkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
Street No. 4713 Hamburg Ave.,
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME FRANK KAKTA

3. (b) If veteran, name war
3. (c) Social Security No. 492-03-2288

4. Sex Male D 5. Color or race White
6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased Dec. 19th, 1895
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	49	10	21	hr. min.

9. Birthplace St. Louis - Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Maulder

11. Industry or business

12. Name George Kakta

13. Birthplace Europe 4
(City, town, or county) (State or foreign country)

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

15. Birthplace Europe 4
(City, town, or county) (State or foreign country)

16. (a) Informant Marie Kakta

(b) Address 4713 Hamburg Ave.,

17. (a) Burial (b) Date thereof 11/13/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director John Ziegenhain & Sons

(b) Address 7027 Gravois Ave.
NOV 12 1945

19. (a) NOV 12 1945 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. 10th
year 1945 hour 3:40 minute A M.

21. I hereby certify that I attended the deceased from 11/7/45
19... to 11/10/45 19...
that I last saw him alive on 11/10/45 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis
Duration

Due to

Due to
Other conditions 13
(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?
(Specify type of place) While at work? Means of injury?

23. Signature J. F. Bredek 1515 Lassyette 11/10/45
Address Date signed

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..... *Sheldon Collier*

Licensed Embalmer No. *3382*

P. O. Address *7027 Gravies*

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.