

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21555

State File No. 5226
Registrar's No.

FILED JUN 27 1949

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY act | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (In this place) | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | |
| | | d. STREET ADDRESS (If rural, give location) 14- 6214 Walsh St. | |
| 3. NAME OF DECEASED (Type or Print) LILLIAN | | a. (First) b. (Middle) c. (Last) PROKASKY | |
| 4. DATE OF DEATH June 15 1949 | | 5. SEX Female | |
| 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | |
| 8. DATE OF BIRTH June 20, 1889 | | 9. AGE (In years last birthday) 59 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework | | 10b. KIND OF BUSINESS OR INDUSTRY | |
| 11. BIRTHPLACE (State or foreign country) St. Louis, Mo. | | 12. CITIZEN OF WHAT COUNTRY? 0 | |
| 13a. FATHER'S NAME Joseph Kestranek | | 13b. MOTHER'S MAIDEN NAME Johanna Vlcek | |
| 14. NAME OF HUSBAND OR WIFE Joseph Prokasky | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | |
| 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME Joseph Prokasky | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremic Poisoning</u> ANTECEDENT CAUSES <u>Pyelonephritis & anemia</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | |
| 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 1320 | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR? left | | 22. I hereby certify that I attended the deceased from <u>6/10</u> , 19 <u>49</u> , to <u>6/15</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>6/14</u> , 19 <u>49</u> , and that death occurred at <u>1:00</u> am., from the causes and on the date stated above. | |
| 23a. SIGNATURE (Degree or title) Jos. G. Grant M.D. | | 23b. ADDRESS 5521 S. Bolway | |
| 23c. DATE SIGNED 6/16/49 | | 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | |
| 24b. DATE June 17, 1949 | | 24c. NAME OF CEMETERY OR CREMATORY Resurrection Cem. | |
| 24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo. | | DATE REC'D BY LOCAL REG. 443 JUN 16 1949 | |
| REGISTRAR'S SIGNATURE J. B. Pasater | | 25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser 4228 S. Kingshighway Bl. | |

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

11/11/11

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Edwin M. Kernatt

Signed.....
Student Embalmer

Licensed Embalmer No..... *3024*

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, fact should be so stated above.