

MAR 24 1939 APR 7 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

12388

916
1. PLACE OF DEATH
County St. Louis Registration District No. 784
Township Carondelet Primary Registration District No. 205
City St. Louis, Mo. (No. 1) Mt. St. Rose Hosp. St. _____ Ward _____
2. FULL NAME Victoria Sister Mary (Pencuska)
(a) Residence, No. 2700 North 67th St. _____ Ward Chicago, Illinois
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. _____
Registered No. 572

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
44 unknown unkno 3:01
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. X-Ray Technician
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 23, 1939
22. I HEREBY CERTIFY, That I attended deceased from May 14, 1935, to Mar. 23, 1939
I last saw her alive on Mar. 23, 1939 Death is said to have occurred on the date stated above, at 1:55 P.M.
The principal cause of death and related causes of importance were as follows:
Far advanced Pulmonary Tuberculosis Date of onset 1934
Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania
13. NAME Bucinskas, Adam
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
15. MAIDEN NAME Mackaskes, Antoinette
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
17. INFORMANT V. M. Victoria (Deceased)
18. BURIAL, CREMATION, OR REMOVAL PLACE Chicago, Ill DATE Mar. 24/39, 19
19. UNDERTAKER Fendler Und. Co.
(ADDRESS) 7420 Michigan Ave.
20. FILED MAR 24 1939 DR. McLaughlin Registrar

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Charles E. Gerson, M. D.
(Address) 9121 S. Broadway Ave
St. Louis, Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

I 28314

I, hereby, certify, that the body whose named is recorded on reverse side of this certificate was embalmed by, Oliver E. Fendler, regerist apprentice number 186, working under my personel supervision .

Henry J. Schumaker

License embalmer # 2679

730 Lemay Ferry Rd.