

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.

Registration District No. 27820

Primary Registration District No. 200

Registrar's No. 2191

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis, Maryland  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Mount St Rose San I  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12/10/39 to 12/12/39  
(Specify whether)

In this community                       
years, months or days

3. (a) PRINT FULL NAME OTRUK, MICHAEL 362

3. (b) If veteran, name war                     

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife DESSIE OTRUK

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased MAY 8 1886  
(Month) (Day) (Year)

8. AGE:      Years      Months      Days      If less than one day

53      7      4                           hr.                      min.

9. Birthplace ROSSIA 7  
(City, town, or county) (State or foreign country)

10. Usual occupation LABORER 7

11. Industry or business ARMOUR PACKING CO 7

12. Name UNKNOWN

13. Birthplace RUSSIA 1  
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

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

16. (a) Informant's own signature Michael Otruk

(b) Address 1242 N 47th ST EAST ST LOUIS ILL

17. (a) REMOVAL (b) Date thereof DEC 12 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation EAST ST LOUIS ILL

18. (a) Signature of funeral director John Macoly

(b) Address 1101 N 9th ST EAST ST LOUIS ILL

19. (a) DEC 12 1939 (b) W. P. Meyer  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State ILLINOIS 2 (b) County ST. CLAIR

(c) City or town EAST ST. LOUIS, ILL.  
(If outside city or town limits, write "RURAL")

(d) Street No. 1242 N. 47th ST.  
(If rural, give location)

(e) If foreign born, how long in U. S. A. 30 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 12  
year 1939 hour 4 minute 35 P.M.

21. I hereby certify that I attended the deceased from Dec. 3  
1939 to Dec. 12, 1939  
that I last saw him alive on Dec. 12, 1939  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumococci Meningitis  
Pulmonary Subarachnoid

Due to                     

Due to                     

Other conditions                       
(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?                     

While at work?                      (Specify type of place)

(e) Means of injury                     

23. Signature R. E. Bauman (M. D. or other)                     

Address 9101 So Broadway Date signed 12-12-39

Duration                     

PHYSICIAN                     

Underline the cause to which death should be charged statistically

---

---

**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.....

Licensed Embalmer No.....

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, above space should be left blank.**