

FILED FEB 24 1942

Registration District No.

Primary Registration District No.

1003

Registrar's No.

430

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Enroute City Hospital 0
(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)

3. (a) PRINT FULL NAME..... **Frank Maczuk**

3. (b) If veteran, name war..... **No.**
3. (c) Social Security No. **491-18-0309**

4. Sex **Male 0** 5. Color or race **White 0** 6. (a) Single, widowed, married, divorced **Single 0**

6. (b) Name of husband or wife..... **Single** 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... **March 7 1900**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
41 10 3 hr. min.

9. Birthplace..... **Chicago Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Laborer**

11. Industry or business.....

MOTHER FATHER { 12. Name..... **Con Maczuk**

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

14. Maiden name..... **Anna Glugois**

15. Birthplace..... **Lithuania 0**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Mike Maczuk**

(b) Address..... **New Haven, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **1-14-42**
(Month) (Day) (Year)

(c) Place: burial or cremation..... **Stanton, Mo.**

18. (a) Signature of funeral director..... **Albert H. Hoppe**

(b) Address..... **4700 Washington Ave.**

19. (a) **JAN 14 1942** (Date received local registrar) (b) **J. F. Budeck** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County.....
(c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **209 Walnut St.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **10**
year **1942** hour **9** minute **30 P.**

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;
that I last saw h..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Coronary Occlusion
Coronary Sclerosis

Due to.....
Jaundice

Due to.....
gta

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
gta

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) (c) Means of injury.....

23. Signature..... **Alfred J. Perry** (M. D. or other).....
Address..... **Ray, Missouri** Date signed **1-14-42**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *W. A. Wilkins*.....

Licensed Embalmer No..... *3575*.....

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.