

Registration District No. 784

Primary Registration District No. 200

1. PLACE OF DEATH:

(a) County St. Louis County
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Facility
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution About 12 hours
(Specify whether years, months or days)
In this community Unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County MO
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1013 CASS
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 18
year 1942 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from
1/17/42 19 to 1/18/42 19
that I last saw him alive on 1/18/42 19
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, lobular, extensive, right (untypad)
Duration _____

Due to _____
Due to _____

Other conditions Chronic alcoholism
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None
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? _____

While at work _____ (Specify type of place) Means of injury D

23. Signature L. M. COCHRAN, M.D. (M. D. or other) _____
Address Chief Medical Officer Date signed _____

3. (a) PRINT FULL NAME SICHWOSKI, Frank L.

3. (b) If veteran, name war World, 1918 3. (c) Social Security No. Unknown

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

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

7. Birth date of deceased March 31 1889
(Month) (Day) (Year)

8. AGE: Years 52 Months 9 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Janitor

11. Industry or business Private

12. Name Martin Sichwoski

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

14. Maiden name Celia Comisky

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

16. (a) Informant Gov. Records

(b) Address Veterans Home

17. (a) BURIAL (b) Date thereof JAN 21 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NATIONAL CEM.

18. (a) Signature of funeral director C. Hoffmeister

(b) Address 7814 S. Broadway

19. (a) JAN 19 1942 (b) C. G. McArthur
(Date received local registrar) (Registrar's signature)

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

6000

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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 *James C. Hoffmeister*

Licensed Embalmer No. *3871*

P. O. Address *7814 S. Broadway*

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.