

Registration District No.

Primary Registration District No.

Registrar's No.

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:
224 Victor St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community
years, months or days

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. 224 Victor St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ALEXANDER TUCHOLSKI

3. (b) If veteran, name war no 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 Stella 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased About 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 78 Unknown hr. min.

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

10. Usual occupation Retired shoe worker

11. Industry or business

12. Name Hilary Tucholski
13. Birthplace Poland
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Poland
(City, town, or county) (State or foreign country)

16. (a) Informant Stella Tucholski
(b) Address 224 Victor St.

17. (a) Burial (b) Date thereof April 20-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New SS. Peter & Paul

18. (a) Signature of funeral director Am. C. Maydell
(b) Address 1926 Allen Ave.

19. (a) APR 20 1942 (b) J. F. Reddock
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17th
year 1942 hour 10 minute 40 AM

21. I hereby certify that I attended the deceased from Mar 9 - 1942 to April - 17, 1942
that I last saw him alive on April - 15, 1942
and that death occurred on the date and hour stated above.
Immediate cause of death Coronary Thrombosis

Due to Chronic Myocarditis Arterio-sclerosis 2 yrs.

Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration
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)
(e) Means of injury

23. Signature Roman Strang MD (M. D. or other)
Address 4520 Vifg 97121 AV. Date signed 4-18-42

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

FILED APR 27 1942

1005

844

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 Bing L. Duman
Licensed Embalmer No. 2272
P. O. Address: 1924 Allen

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.