

U.S. No. 2
Form 9-4-41
Rev. 5-17-38
3-1 X2484

38336

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 4 1942

305-357

Registration District No. 61966207

Registrar's No. 26

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

1. PLACE OF DEATH: *Texas Branch temp*

(b) County: *Rural*

(c) City or town: *Rural*

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: *1*

(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

2. USUAL RESIDENCE OF DECEASED:

(a) State: *MO.* (b) County: *St. Louis*

(c) City or town: *St. Louis*

(If outside city or town limits, write "RURAL")

(d) Street No.: *2910 Caroline St*

(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country: _____

3. (a) PRINT FULL NAME: *STEPHAN PISKULIC*

3. (b) If veteran, name war: _____

3. (c) Social Security No: *498054097*

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *11* day *8*

year *1942* hour *5* minute *8* P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____

4. Sex: *M*

5. Color or race: *W*

6. (a) Single, widowed, married, divorced: *married*

6. (b) Name of husband or wife: _____

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

7. Birth date of deceased: _____ (Month) _____ (Day) _____ (Year)

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death: *Cardiopathy accidental death*

Duration _____

Due to _____

Due to _____

Other conditions: _____ (Include pregnancy within 3 months of death)

8. AGE: Years *57* Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace: *Corathia S* (City, town, or county) _____ (State or foreign country)

10. Usual occupation: *Stone Mason*

Major findings: _____

Of operations: _____

Of autopsy: _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business: _____

12. Name: *John Piskulic*

13. Birthplace: *not known Corathia S* (City, town, or county) _____ (State or foreign country)

14. Maiden name: *not known*

15. Birthplace: *Corathia S* (City, town, or county) _____ (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): *accident 107*

(b) Date of occurrence: *Nov 8 1942*

(c) Where did injury occur? *Licking Texas MO* (City or town) _____ (County) _____ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? *Highway*

While at work? *no* (Specify type of place)

(e) Means of injury: _____

23. Signature: *W. D. Rodgers* (Print or other)

Address: *Licking, Mo. 2* Date signed _____

16. (a) Informant: *John Piskulic*

(b) Address: *15711 Hickory St St Louis MO*

17. (a) *burial* (Burial, cremation, or removal)

(b) Date thereof: *11-9-42* (Month) (Day) (Year)

(c) Place: burial or cremation: _____

18. (a) Signature of funeral director: *Smith Ferguson*

(b) Address: *Licking MO*

19. (a) *11-8-42* (Date received local registrar)

(b) *W. D. Rodgers* (Registrar's signature)

1260 (Licensed Embalmer's Statement on Reverse Side)

2761-1942 RECEIVED
DEC 30

Health Officer No. 5,
District File Number 12421021
Date Filed 12-3-42

DEC 8 1942

STATEMENT BY LICENSED EMBALMER

net

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 Robert E. Ferguson
Licensed Embalmer No 3945
P. O. Address Looking Md

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.