

FILED JAN 26 1943  
318

State File No. \_\_\_\_\_  
Registrar's No. 464

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

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

(c) Name of hospital or institution:  
St. Louis City Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Days  
(Specify whether)

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. 1724a So. 12th. St.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Harry Pociuljko

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 702-16-3754

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Mary Pociuljko

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

7. Birth date of deceased Feb. 1. 1883  
(Month) (Day) (Year)

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

59	11	11	hr. _____ min.
----	----	----	----------------

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

10. Usual occupation Laborer

11. Industry or business Railroad

MOTHER FATHER { 12. Name Unknown

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

14. Maiden name unknown

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

16. (a) Informant William Pociuljko

(b) Address 1724a So. 12th. St.

17. (a) Burial (b) Date thereof 1/15/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Chubik Und. Co.

(b) Address 1722 So. Jefferson Ave.

19. (a) JAN 16 1943 (b) J. F. Brudeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 12.  
year 1943 hour 8:15 minute A. M.

21. I hereby certify that I attended the deceased from January 9, 1943 to January 12, 1943  
that I last saw h. im alive on January 12, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerotic heart disease

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy refused

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? Cem.

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature Petersen (M. D. or other) \_\_\_\_\_  
Address 1515 Lafayette Ave. Date signed 1/12/43

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

*Gottman City Hospital*

---

---

**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 *Harry J. Schumacher*  
Licensed Embalmer No. *2679*  
P. O. Address *732 Lemay Ferry Rd*

**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.