

FILED APR 5 1943

Registration District No. 784

Primary Registration District No. 200

1. PLACE OF DEATH:
(a) County: Jefferson
(b) City or town: Jeff. Barracks
(c) Name of hospital or institution: Veterans Hospital (Visiting another patient)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 45 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: 000
(c) City or town: St. Louis (If outside city or town limits, write "RURAL")
(d) Street No.: 5432 Genevieve Ave. (If rural, give location)
(e) Citizen of foreign country?: No (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME: MICHAEL PULASKI

3. (b) If veteran, name war: None 3. (c) Social Security No.: _____

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

6. (b) Name of husband or wife: Kate P. Pulaski (Beilstein) 6. (c) Age of husband or wife if _____ years

7. Birth date of deceased: February 3, 1877
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>1</u>	<u>18</u>	hr. _____ min. _____

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

10. Usual occupation: Machinist

11. Industry or business: Retired

12. Name: Michael Pulaski

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

14. Maiden name: Ann Phillips

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

16. (a) Informant: Mrs. Kate P Pulaski

(b) Address: 5432 Genevieve Avenue

17. (a) Burial (b) Date thereof: 3/24/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Memorial Park Cemetery

18. (a) Signature of funeral director: Math. Hermann & Son

(b) Address: 2161 East Fair Avenue

19. (a) 3/22/43 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21
year 1943 hour 1 minute 0 PM M.

21. I hereby certify that I attended the deceased from August 1942 to March 21, 1943
that I last saw him alive on March 19, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Regenerative Heart Disease

Due to _____

Due to _____

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

Major findings: _____
Of operations: _____
Of autopsy: not performed

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: [Signature] (M.D. or other) _____
Address: 1215 North 7th St. Louis, MO Date signed: 3-21-43

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

MOTHER FATHER

APR 21 1943

APR 5 1943

APR 30 1943

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 *Francis A Williamson*

Licensed Embalmer No. *3565*

P. O. Address *St Louis Mo*

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.