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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED APR 28 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 3764

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:
3820 A Humphrey Street /
(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 Missouri (b) County _____
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 3820 A Humphrey Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

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6:16

3. (a) PRINT FULL NAME JOSEPH L. PUDLOSKI

3. (b) If veteran, name war _____ 3. (c) Social Security No. 492-05-3545

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

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

7. Birth date of deceased July 9th 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 9 12 hr. _____ min.

9. Birthplace Unknown Poland 4
(City, town, or county) (State or foreign country)

10. Usual occupation Mill-Wright (Carpenter)

11. Industry or business Compton Plaining Mill

12. Name Alphonse Pudloski

13. Birthplace Unknown Poland 4
(City, town, or county) (State or foreign country)

14. Maiden name Mary Zielinski

15. Birthplace Unknown Poland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Virginia Pudloski

(b) Address 3820 A. Humphrey St.

17. (a) Burial (b) Date thereof 4-24-43
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Wm. J. Robert

(b) Address 1905 South Grand Blvd.

19. (a) APR 22 1943 (b) J. P. Buddeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21
year 1943 hour 6 minute 10 A.M.

21. I hereby certify that I attended the deceased from Aug 1, 1942 to Apr 21, 1943

that I last saw him alive on Apr 20, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Cerebral hemorrhage

Due to _____

Due to _____

Other conditions Arterio Sclerosis
(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 U

23. Signature J. P. Bernard (M. D. or other) 722 W

Address 3115 S. Grand Date signed 4/24/43

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

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.....

William J. Hiron

Licensed Embalmer No.....

4319

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, above space should be left blank.