

FILED JUN 25 1943
Registration District No. **1818**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis MO

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

(c) Name of hospital or institution:
1525 N. 9th St.
(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)

3. (a) PRINT FULL NAME: Neofil Gatch

3. (b) If veteran, name war _____ **3. (c) Social Security** No. _____

4. Sex: male **5. Color or** white **6. (a) Single, widowed, married,** divorced married

6. (b) Name of husband or wife: Mary **6. (c) Age of husband or wife if** 45 **alive:** _____ years

7. Birth date of deceased: June 14 1895
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>47</u>	<u>11</u>	<u>29</u>	_____ hr. _____ min.

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

10. Usual occupation: Foundry worker

11. Industry or business: _____

12. Name: Pete Gatch

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

14. Maiden name: Marcella Domagalski

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

16. (a) Informant: Margaret Bronakowski

(b) Address: 2243 Marigoldway

17. (a) Burial, cremation, or removal: Burial **(b) Date thereof:** 6-16-43
(Month) (Day) (Year)

(c) Place: burial or cremation: Calvary 15

18. (a) Signature of funeral director: St. Louis Funeral Home **(Specify type of injury)**

(b) Address: 7205 St. Louis Ave

19. (a) JUN 14 1943 **(b) F. Brebeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri **(b) County:** 000

(c) City or town St. Louis 269
(If outside city or town limits, write "RURAL")

(d) Street No. 1525 N. 9th
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13
year 1943 hour 1 minute 50 P.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
what I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Decompensated Myocarditis

Due to: _____

Due to: 93

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? _____

23. Signature: Walter Perry **(M. D. or other)**

Address: _____ **Date signed:** 6/14/43

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 *Henry M. Brammer*

Licensed Embalmer No. *4200*

P. O. Address.....

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.