U. S. No. 12
50M—5-42
Rev. 5-17-39

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 8 1943

Registration District No. 275

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3053

State File No. 29043

Registrar's No. 36 85

1. PLACE OF DEATH:

(a) County Phelps

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

(c) Name of hospital or institution: Rolla, Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community 2 Months, 4 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Pennsylvania (b) County Lehigh

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

(d) Street No. 60 S. Third Street
(If rural, give location)

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

3. (a) PRINT FULL NAME [illegible] (Pvt)

3. (b) If veteran, name war ____

3. (c) Social Security No. - -

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife ____

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

7. Birth date of deceased July (Month) 16 (Day) 1917 (Year)

8. AGE: Years 26 36 | Months | Days 16 | If less than one day ____ hr. ____ min.

9. Birthplace Bungerland (City, town, or county) Hungary (State or foreign country)

10. Usual occupation Soldier U.S. Army 33,90750

11. Industry or business Private Co J, 21st Infantry

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) ____ (State or foreign country)

MOTHER
14. Maiden name Julia
15. Birthplace Unknown (City, town, or county) ____ (State or foreign country)

16. (a) Informant U.S. Army Records
(b) Address Ft. Leonard Wood, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8/3/43 (Month) (Day) (Year)
(c) Place: burial or cremation Allentown Penn

18. (a) Signature of funeral director W. E. Heisman
(b) Address Lebanon Mo.

19. (a) Aug 2 1943 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 1 year 1943 hour 0715 AT minute ____ M.

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

Immediate cause of death (1) Hemothorax, left, (700cc) with partial atelectasis of the lung; (2) Pneumothorax, ~~xxxx~~ right, with atelectasis of all lobes of right lung.

Due to ____

Due to ____

Other conditions (Include pregnancy within 3 months of death) ____

Major findings:
Of operations ____

Of autopsy As Above

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) Accident

(b) Date of occurrence August 1, 1943

(c) Where did injury occur? Rolla (City or town) Phelps (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? On Highway 66, near Airport (Specify type of place)

While at work? No (e) Means of injury Struck by truck

23. Signature Robert A. Baer Capt MC (M. D. or other)

Address Ft. Leonard Wood, Mo Date signed 8/[illegible]/43

(Licensed Embalmer's Statement on Reverse Side)

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 W E Halman

Licensed Embalmer No. 4107

P. O. Address Lebanon 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.