

Registration District No. **318** Primary Registration District No. **10**

1. PLACE OF DEATH:
(a) County _____
(b) City or town **ST. LOUIS**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
DE PAUL HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **7 DAYS**
(Specify whether _____)
In this community _____
years, months or days _____

3. (a) PRINT FULL NAME **George M. MRUZIK**
3. (b) If veteran, name war _____ 3. (c) Social Security No. **487-18-2953**

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **OTILIA** 6. (c) Age of husband or wife if alive **61** years (Day) (Year)

7. Birth date of deceased **Dec 16 1885**
(Month) (Day) (Year)

8. AGE: Years **57** Months **9** Days **24** If less than one day hr. _____ min. _____

9. Birthplace **PENN 1**
(City, town, or county) (State or foreign country)

10. Usual occupation **GAUARD**

11. Industry or business **McQUAY-NORRIS**
12. Name **Geo. M. MRUZIK**
13. Birthplace **AUSTRIA 4**
(City, town, or county) (State or foreign country)
14. Maiden name **MARY LEDYA**
15. Birthplace **AUSTRIA 4**
(City, town, or county) (State or foreign country)

16. (a) Informant **Otilia Mruzik**
(b) Address **4501A W. Easton**
17. (a) **BURIAL** (b) Date thereof **Oct 13 43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **CALVARY**
18. (a) Signature of funeral director **Cullen Kelly**
(b) Address **1416 W. Market**
19. (a) **OCT 11 1943** (b) **J. F. Boudsch**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **000 17**
(c) City or town **ST. LOUIS** **911**
(If outside city or town limits, write "RURAL")
(d) Street No. **4501A W. EASTON**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Oct** day **10**
year **1943** hour **7** minute **30 P.M.**
21. I hereby certify that I attended the deceased from **September 25** 19**43** to **Oct 10** 19**43**
that I last saw him alive on **Oct 10** 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Pertussis**
Due to **Carcinoma of Rect. Sigmoid**
Due to **Obstruction of Bowel (Complic)**
Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: **Carcinoma of Bowel with obstruction**
Of autopsy **H6**
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 **George M. Mruzik** (M. D. or other) _____
Address **4501A W. Easton** Date signed **11/11/43**

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

MOTHER FATHER

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 Clement McNear

Licensed Embalmer No. 3732

P. O. Address St Louis

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.