

FILED APR 20 1944 18
Registration District No.

Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: City 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000

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

(d) Street No. 1710 9th St
(If rural, give location)

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

3. (a) PRINT FULL NAME JOHN SIDORSKI

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10 year 1944 hour 5 minutes 15 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Mary Ann Sidorski 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug 10 1897
(Month) (Day) (Year)

Immediate cause of death Fracture of skull Duration _____
Extra dural hemorrhage of Brain
when he was found in the
rear yard of his home
around 7:10 AM March 30-1944
Due to some place cause and manner
of same could not be
Other conditions Determined et al
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

56 7 25 _____ hr. _____ min.

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

10. Usual occupation Unemployed

11. Industry or business _____

12. Name Anton _____ 4

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

14. Maiden name Mary _____ 4

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

16. (a) Informant Sam Sewanek

(b) Address 1708 9th St

17. (a) Burial (b) Date thereof 4-12-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catholic Cemetery

18. (a) Signature of funeral director Central Mort Co

(b) Address 1841 Cass Ave

19. (a) APR 11 1944 (Date received local registrar) J. F. Brudeck (Registrar's signature)

Major findings: _____ 195-
Of operations _____

Of autopsy _____ 2A

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accant, suicide, or homicide (specify) Open Verdict

(b) Date of occurrence 3-30-44

(c) Where did injury occur? St. Louis Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Unknown
(Specify type of place)

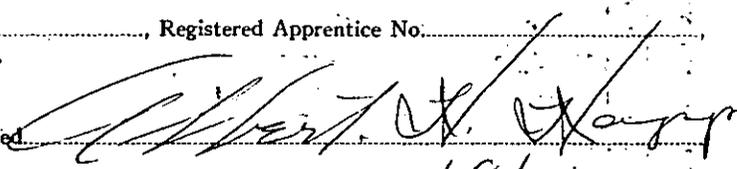
While at work? _____ (a) Means of injury 3

23. Signature Thomas J. Callahan (Seal or other)
Address Deputy Coroner Date signed 4-10-44

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.....



Licensed Embalmer No. 1861.....

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.