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FILED MAY 15 1944 318

Registration District No. _____

Primary Registration District No. **1003**

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:
5950 Sherry ave
(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 **Mo.** (b) County **0000**
(c) City or town **St Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **5950 Sherry ave**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **TEOFIL ZUCHOWSKI**

3. (b) If veteran, name war _____
3. (c) Social Security No. **489-10-0253**

4. Sex **Male** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Julia Zuchowski**
6. (c) Age of husband or wife if alive **52** years
7. Birth date of deceased **Nov. 6 1893**
(Month) (Day) (Year)

8. AGE: Years **50** Months **5** Days **28**
If less than one day _____ hr. _____ min.

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

10. Usual occupation **Plater's Helper**

11. Industry or business **Jack Evans**

MOTHER FATHER { 12. Name **Anthony Zuchowski**
13. Birthplace **Poland**
14. Maiden name **Barbiny Wisniewski**
15. Birthplace **Poland**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Juliana Zuchowski**
(b) Address **5950 Sherry ave**

17. (a) **Burial** (b) Date thereof **5-7-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery Central Und. Co.**

18. (a) Signature of funeral director **Central Und. Co.**
(b) Address **1841 Cass Ave**

19. (a) **MAY 6 1944** (b) **J. F. Bredek**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **4** 19**44**.
year _____ hour **9** minute **10** A. M.

21. I hereby certify that I attended the deceased from **March 19**
19**44** to **May 4** 19**44**
that I last saw him alive on **May 3** 19**44**
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Tuberculosis**
Duration _____

Due to _____
Due to _____

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

Major findings:
Of operations _____
Of autopsy _____
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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature: **J. F. Bredek** (M. D. or other) _____
Address **2807 N. Grand** Date signed **5/6/44**

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

3-430
NR 7447

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.....

J. W. Wilkins

Licensed Embalmer No.....

3575

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.