

FILED MAY 8 1944

Registration District No. **290**

Primary Registration District No. **5983**

Registrar's No. **(8) 39**

1. PLACE OF DEATH:

(a) County **Pulaski**
(b) City or town **Fort Leonard Wood, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Station Hospital** *Cullen Jurg.*
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 day 14 hours**
(Specify whether years, months or days) **2 months, 18 days**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **81**
(c) City or town **Holla**
(If outside city or town limits, write "RURAL") **2**
(d) Street No. _____ (If rural, give location) **2**
(e) Citizen of foreign country? **No** (Yes or No) **1**
If yes, name country _____

3. (a) PRINT FULL NAME **John W. Sirocki**

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 **Married**
6. (b) Name of husband or wife **Rose H.** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **March 22 1919**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
25 - 21 hr. min.

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

10. Usual occupation **M/Sgt. - U. S. Army, 6918031**
Soldier

11. Industry or business **Hdq. Co., 97th Inf. Division.**

MOTHER FATHER {
12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name **Jane Hasponti**
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant **U. S. Army Records**

(b) Address **Fort Leonard Wood, Missouri.**

17. (a) **Removal** (b) Date thereof **4-15-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **La Salle Illinois**

18. (a) Signature of funeral director **W.E. Holman**

(b) Address **Lebanon, Mo.**

19. (a) **April 15 1944** (b) **Robert A Murray M.D.**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **13**
year **1944** hour **6** minute **05** P. M.

21. I hereby certify that I attended the deceased from **3:30 AM**
12 April 1944 to **6:05 PM 13 Apr '44**
that I last saw him alive on **April 13**, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death:
(1) Hematoma, subdural and (2) Broncho pneumonia, all lobes, both lungs

Due to **Automobile accident**

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** **085**
(b) Date of occurrence **April 13, 1944**
(c) Where did injury occur? **Pulaski, Mo.**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Highway #66, Near Wye.

While at work? **No** (Specify type of place) (e) Means of injury **Automobile Accident**

23. Signature **Robert A Murray M.D.** (M. D. or other) **MD**
Address **Fort Leonard Wood, Mo.** Date signed **15 Apr 44**

Apr-15-1944 *Chas M O...* (Registrar's Statement on Reverse Side)

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

2
3
3667

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.