

FILED JUN 23 1944

Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 5495

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:
4821 So. Broadway
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 10 years
years, months or days)

3. (a) PRINT FULL NAME JOSEPH WALUSKA

3. (b) If veteran, name war _____ 3. (c) Social Security No. 494-10-7779

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Catherine 6. (c) Age of husband or wife if alive 59 years
 7. Birth date of deceased March 19, 1883
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>2</u>	<u>27</u>	hr. _____ min. _____

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

10. Usual occupation Laborer

11. Industry or business National Foundry

12. Name Arthur Waluska 4
 13. Birthplace Poland 4
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Poland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Catherine Waluska 1

(b) Address 4821 So. Broadway

17. (a) Burial (b) Date thereof June 19, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cem.

18. (a) Signature of funeral director Fendler Und. Co.

(b) Address 7480 Michigan Avenue

19. (a) J. F. Bedach (b) J. F. Bedach
(Date received for registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No 4821 So. Broadway
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16
 year 1944 hour 7 minute 15 P.M.

21. I hereby certify that I attended the deceased from 5-26
1944 to 6-16 1944

that I last saw him alive on 6-16 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the Rectum 18 Mo
 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? _____

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

23. Signature 5 A Fleeter (M. D. or other) MD

Address 439 Bates Date signed 6-17-44

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

100

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 *John Gerasi*

Licensed Embalmer No. *3398*

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.