

FILED JUL 26 1944

State File No. 6132

Registration District No. 818

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Mo
(c) Name of hospital or institution:
4626 Virginia Ave
(d) Length of stay: In hospital or institution _____
In this community 25 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED: 000
(a) State Mo (b) County 17
(c) City or town St. Louis 915
(d) Street No. 4626 Virginia Ave
(e) Citizen of foreign country? _____
If yes, name country _____

3. (a) PRINT FULL NAME ANTHONY P. TRUDZINSKI
3. (b) If veteran, name war none
3. (c) Social Security No. 488-03-9217

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 7
year 1944 hour 9:12 minute 8 M.
21. I hereby certify that I attended the deceased from 7 years
that I last saw him alive on 7/5/44
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 married
6. (b) Name of husband or wife Catelle Trudzinski
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased May 25 1892
(Month) (Day) (Year)

Immediate cause of death
Ac. Coronary Artery Disease
Due to arteriosclerosis
Due to Hyperinsulinia
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 9 Hr
Of autopsy _____

8. AGE:	Years	Months	Days	If less than one day
	<u>52</u>	<u>2</u>	<u>12</u>	hr. _____ min. _____

Duration 1 hr
Physician _____
Underline the cause to which death should be charged statistically.

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

10. Usual occupation welder

11. Industry or business _____

12. Name John Trudzinski

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

14. Maiden name Isabella Polyzanski

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

16. (a) Informant Mrs. Catelle Trudzinski
(b) Address 4626 Virginia Ave

17. (a) burial (b) Date thereof July 12 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Cemetery
(d) Signature of funeral director Helen Imberwing
(e) Address 5401 Grand Blvd. St. Louis
(f) Date received local registrar JUL 10 1944
(g) Registrar's signature J. F. Brebeck

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(City or town) (County) (State)

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

23. Signature Walter H. Hoffman (M. D. or other) _____
Address 2607 Grand Date signed 7/10/44

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

John Oronoski

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.