

No. 2
8-43
5-17-39
K37823

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39638

State File No. _____

FILED JAN 15 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11134

1. PLACE OF DEATH:
(a) County City
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2012 Cass ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County _____
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2012 Cass ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Joseph Mocny
(b) If veteran, name war _____ (c) Social Security No. 494-26-0085

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 12 day 26
year 1944 hour 8 minute 30 M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced US
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased 12-26 1898
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

8. AGE, Years 46 Months 0 Days 0
If less than one day _____ hr. _____ min.

Immediate cause of death Hemorrhage gastro (Alcoholic)
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 77
Major findings:
Of operations _____
Of autopsy _____

9. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation NIL

11. Industry or business _____
12. Name John Mocny
13. Birthplace Poland
(City, town, or county) (State or foreign country)
14. Maiden name Katzyina
15. Birthplace Poland
(City, town, or county) (State or foreign country)

16. (a) Informant Anthony Mocny
(b) Address 3021 Whittier Str.
Burial (b) Date thereof 12-29-44
(Burial, cremation, or removal) (Month) (Day) (Year)

PHYSICIAN
Underline the cause to which death should be charged statistically.

(c) Place: burial or cremation Calvary Cemetery
Central Und Co
18. (a) Signature of funeral director _____
(b) Address 1841 Cass ave

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? _____

19. (a) DEC 28 1944 (b) J. F. Bredeek
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
Means of injury _____
23. Signature Arthur J. Perry (M. D. or other)
Date signed 12/27/44

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

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. W. Wilkinson

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.