

FILED MAY 20 1945

318

State File No. _____

Registration District No. _____

Primary Registration District No. **1003**

Registrar's No. **4401**

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital #1.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 days
(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. 1424a N. Market Str.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Mary Lucima

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John Lucima 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased Sept. 30 1884
(Month) (Day) (Year)

8. AGE: Years 60 Months 7 Days 16 If less than one day _____ hr. _____ min.

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

10. Usual occupation Seamstress

11. Industry or business _____

12. Name Peter Pruski
13. Birthplace Poland (City, town, or county) (State or foreign country) 4
14. Maiden name Helen Pruski
15. Birthplace Poland (City, town, or county) (State or foreign country) 11

MOTHER FATHER

16. (a) Informant John Lucima
(b) Address 1424 a N. Market Str.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/19/45
(Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery

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

19. (a) MAY 18 1945 (Date received by registrar) J. J. Bredenk (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16th
year 1945 hour 11:30 minute _____ A. M.

21. I hereby certify that I attended the deceased from 5/3/45
_____, 19____, to 5/16/45, 19____;
that I last saw her alive on 5/16/45, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Removal of thrombus from left femoral artery 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) (Means of injury)

23. Signature Robert C. Rutledge 5/16/45 (Date signed)
Address 1315 Lafayette

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

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17
4

00
17
26

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 Ogonoska
.....
Licensed Embalmer No. *339A*
.....

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.