

FILED JUN 9 1948

Registration District No.

Primary Registration District No. 1003

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:
1014 Lynch St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME JOHN TOMCHIK

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. Katy Tomchik 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased. May 4, 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 0 24 hr. min

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

10. Usual occupation Tavern Keeper

11. Industry or business.....

MOTHER FATHER { 12. Name Pantelin Tomchik
13. Birthplace (City, town, or county) Galesia
(State or foreign country)
14. Maiden name Anna Chomniak
15. Birthplace (City, town, or county) Galesia
(State or foreign country)

16. (a) Informant Katy Tomchik
(b) Address 1014 Lynch St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/31/45
(Month) (Day) (Year)
(c) Place: burial or cremation New St. Peter & Paul

18. (a) Signature of funeral director Charles Lind
(b) Address 1722 S. Jefferson Ave.

19. JUN 7 1948 (Date received by Registrar) (b) J. J. Brainerd (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. 1014 Lynch St.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28th.
year 1945 hour 1 minute 30 M.
21. I hereby certify that I attended the deceased from February 1st.
..... 19 45 to May 28th. 1945;

that I last saw h. i. m. alive on May 28th. 1945;
and that death occurred on the date and hour stated above.
Immediate cause of death.....
Apoplexy (cerebral hemorrhage) Feb. 1945

Due to Arteriosclerosis
Due to.....
Other conditions (include pregnancy within 3 months of death).....
Major findings:
Of operations.....
Of autopsy.....

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).....
(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 Chomniak (M. D. or other)
Address 2278 S. Jefferson Date signed 5-29-45

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

4870

4870

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.....

Alex A. Chulick Jr.

Licensed Embalmer No. *4143*

P. O. Address *1722 So. Jeff*

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.