

U. S. No. 2
DOM-5-43
Rev. 5-17-39
I X36671

FILED MAY 24 1945

State File No.

Registration District No. 37

Primary Registration District No. 3069

Registrar's No. 930

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's Hospital *S*
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2-days
(Specify whether years, months or days)

In this community 24 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
17

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 4475 W. Pine Blvd.
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME John R. Pierski

3. (b) If veteran, name war.....

3. (c) Social Security No.

4. Sex M. race W.

5. Color or race W.

6. (a) Single, widowed, married, divorced M.

6. (b) Name of husband or wife Emilia Pierski

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Dec. 17th., 1887
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>3</u>	<u>18</u>	hr. min.

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

10. Usual occupation Clothing, Retired

11. Industry or business.....

MOTHER FATHER

12. Name Casimir Pierski

13. Birthplace Europe *X*
(City, town, or county) (State or foreign country)

14. Maiden name Nettie Reinke

15. Birthplace Europe *S*
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Emilia Pierski

(b) Address 4475 W. Pine Blvd.

17. (a) Removal (b) Date thereof 4-6-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LaSalle, Ill.

18. (a) Signature of funeral director Arthur J. Connelly

(b) Address 3840 Lindell Blvd.

19. (a) 4-5-45 (b) E. G. McKeever
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5th., year 1945 hour 12 minute 30 a. M.

21. I hereby certify that I attended the deceased from 26th March 1945, to April 4th 1945, that I last saw him alive on April 4 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage *5 days*

Due to arterial sclerosis

Due to.....

Other conditions (Include pregnancy within 3 months of death).....

Major findings: Of operations..... *87201*

Of autopsy NO

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 D. Schisler (M. D. or other) *D*

Address 4475 W. Pine Blvd. Date signed 4/5/45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 H Van Matre

Licensed Embalmer No.

2825

P. O. Address

4340 Lafayette

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.