S. No. 2
OM—2-43
v. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED SEP 14 1945

State File No. 26033
Registrar's No. 7814

Registration District No. 318 — Primary Registration District No. 1003

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

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

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. 2730 RUTGER ST. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOHN PISKULIC

3. (b) If veteran, name war NO

3. (c) Social Security No. 497-01-086

4. Sex MALE

5. Color or race W.

6. (a) ~~Single, widowed~~, married, ~~divorced~~ MARRIED

6. (b) Name of husband or wife KATHERINE PISKULIC

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

7. Birth date of deceased JANUARY (Month) 17 (Day) 1886 (Year)

8. AGE: Years 59 Months 7 Days 18 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business Metal FOUNDRY

MOTHER FATHER

12. Name THOMAS PISKULIC

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

MOTHER

14. Maiden name JOHANNA

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

16. (a) Informant Fred Couch
(b) Address 2833 Victor St.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT. 7-45 (Month) (Day) (Year)
(c) Place: burial or cremation NEW S.S. Pt Paul's Cem

18. (a) Signature of funeral director E. J. Schmer
(b) Address 3125 Lafayette Av.

19. (a) SEP 6 1945 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 4 year 1945 hour 8 minute P.M.

21. I hereby certify that I attended the deceased from August 9, 1945, to September 4, 1945, that I last saw him alive on September 4, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertension Cardio Vascular disease. — Duration ?

Due to

Due to

Other conditions: None (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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Oberon Miller (M. D. or other)
Address 408 Humboldt Bldg. Date signed 9/6/45

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(Licensed Embalmer's Statement on Reverse Side)

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 Jos B Vollmer

Licensed Embalmer No. 4014

P. O. Address St. Louis Mo

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.