

FILED **818 9 1945**
Registration District No. _____

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Enroute to City Hospital #1-3
(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis **15**
(If outside city or town limits, write "RURAL")

(d) Street No. 4437 Virginia ave.
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) **0**
If yes, name country _____

3. (a) PRINT FULL NAME Felix Stanley Waluszka

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 6
year 1945 hour 10 minute 50 M.

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.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Martha Ann

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

7. Birth date of deceased: November 6 1880
(Month) (Day) (Year)

Immediate cause of death _____
Coronary Occlusion
Coronary Sclerosis

Duration _____

8. AGE: Years 64 Months 11 Days 0
If less than one day hr. _____ min. _____

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

Major findings:
Of operations _____

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

Of autopsy _____

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

10. Usual occupation Elevator Operator
Union Station

11. Industry or business _____

12. Name Anton Waluszka

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

14. Maiden name Unknown

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

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? _____

16. (a) Informant Anthony Waluszka

(b) Address 4437 Virginia ave.

17. (a) Burial (b) Date thereof Oct. 10, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New SS. Peter & Paul Ch.

(Specify type of place)
While at work? _____ (e) Manner of injury _____

23. Signature [Signature] (M. D. or other) _____
Address _____ Date signed 10/8/45

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.

(b) Address 7814 S. Broadway

19. (a) Oct 8 1945 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

Licenser

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 Louis C. Hoffmeister
Licensed Embalmer No. 3871
P. O. Address 7814 S. Broadway

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.