

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
#51950  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39964

State File No. \_\_\_\_\_

FILED JAN 11 1946  
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11470

1. PLACE OF DEATH:

(a) County St. Louis, Missouri  
(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-Max C. Starkloff  
(If not in hospital or institution, write street number or location) Memorial Street No. 1929 a Hickory St.  
(d) Length of stay: In hospital or institution 0 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME GEORGE WOLOSHAN

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 single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Unknown 1889  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>alt</u> 56	<u>Unknown</u>			hr. min.

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

10. Usual occupation Bartender

11. Industry or business Tavern

MOTHER, FATHER { 12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Andrew Fedczak

(b) Address 4965 Tholozan

17. (a) Burial (b) Date thereof 12/27/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director. CHULICK UND. CO. INC.

(b) Address 1722 S. Jefferson Ave.

19. (a) Dec-28-1946 (b) J.P. Medest  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 24th  
year 1945 hour 1:45 minute P M.

21. I hereby certify that I attended the deceased from 12/21/45  
\_\_\_\_\_, 19\_\_\_\_, to 12/24/45, 19\_\_\_\_;  
that I last saw him in live on 12/24/45, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the lung  
Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions H7  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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)  
(c) Means of injury \_\_\_\_\_

23. Signature Herbert C. Gutz (M. D. or other)  
Address 1515 Lafayette Date signed 12/26/45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

02/27/11  
02/27/11

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 S. Jefferson

**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.