

FILED JUL 2 1946

State File No. ....

Registration District No. 316

Primary Registration District No. 3059

Registrar's No. 192

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

1. PLACE OF DEATH

(a) County St. Francois

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

(c) Name of hospital or institution: 25 Summit St. 1  
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

(c) City or town Bonne Terre 2  
(If outside city or town limits, write "RURAL")

(d) Street No. 25 Summit 1  
(If rural, give location) 1

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME PROKOP, SARIYGA

3. (b) If veteran, name war V

3. (c) Social Security No. 494-05-1839

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29  
year 1946 hour 11 minute 55 A.M.

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Mary Saryga

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased July 25 1878  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 15 1946 to May 29 1946  
that I last saw him alive on May 29 1946  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

67 11 4 hr. min.

Immediate cause of death Coronary thrombosis 3 mths

Due to unknown

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

Other conditions (Include pregnancy within 3 months of death)

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

10. Usual occupation Retired

11. Industry or business \_\_\_\_\_

12. Name John Saryga

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

14. Maiden name Unknown

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

Major findings: Of operations 940

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

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

16. (a) Informant Mary Saryga

(b) Address 35 Summit Bonne Terre Mo

17. (a) Burial (b) Date thereof June 1-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Deplaz 770

18. (a) Signature of funeral director Benjamin Hullo

(b) Address 313 Benton Bonne Terre Mo

19. (a) 6-72-46 (b) Cather Rudloff  
(Date received local registrar) (Registrar's signature)

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 A. Evans (M. D. or other) 6-2-46  
Address 730 Belmont St 770 Date signed \_\_\_\_\_

RECEIVED

District Health Officer No. 4

District File Number 746-2278

Date filed 7-1-46

JUL 5 1946

FEB 120-APP

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 *C. J. Claywell*  
Licensed Embalmer No. *3706*  
P. O. Address *Conroe, Tex. 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.