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

FILED MAR 11 1947

Registration District No. 318

Primary Registration District No. 1000

Registrar's No.

1. PLACE OF DEATH:

(a) County St Louis, Mo

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

(c) Name of hospital or institution:
508 Aurora
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000

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

(d) Street No. 508 508 Aurora
(If rural, give location)

(e) Citizen of foreign country?.....
If yes, name country.....

3. (a) PRINT FULL NAME Paul Gacioch

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

3. (c) Social Security No. 6-333

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb March - 2 day
year 47 hour 11 minute A M.

21. I hereby certify that I attended the deceased from Oct, 1946, to 3-22, 1947.
that I last saw him alive on Feb 3-22, 1947; 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 Married

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

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased JUNE 18 1884
(Month) (Day) (Year)

Immediate cause of death Pulmonary Edema Duration 7 days

Due to Chrypoid carditis 6 hrs

Due to 60

Other conditions hepar Pneumonitis 14 Days
(Include pregnancy within 3 months of death)

Major findings General Malignancy-site PHYSICIAN
Of operations not determined

Of autopsy.....

Underline the cause to which death should be charged statistically.

8. AGE: Years 62 Months 8 plus 12 If less than one day hr. min.

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

10. Usual occupation Unemployed

11. Industry or business.....

12. Name Peter Gacioch 4

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

14. Maiden name Martha Wilga

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

16. (a) Informant Mrs Martha Gacioch

(b) Address 508 Aurora

17. (a) Burial (b) Date thereof 3/5/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

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? 0

23. Signature Albert J. Sawville (M. D. or other) 0
Address 836 3-12 Ave. Ferry Rd Date signed 7/1/47

18. (a) Signature of funeral director Central Und. Co.

(b) Address 1841 Cass ave

19. (a) MAR 4 1947 (Date received from registrar)
J. F. Bredash (Registrar's signature)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.