

Registration District No.

791

Primary Registration District No.

1005

Registrar's No.

1401

1. PLACE OF DEATH:

- (a) County St Louis Mo
 (b) City or town St Louis Mo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
BARNES HOSPITAL
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 hours 1
 (Specify whether
 In this community
 years, months or days)

2. (a) PRINT
FULL NAMEJosephine Bucki (Bucki)3. (b) If veteran,
name war

8. (c) Social Security

No. 497-05-82344. Sex Female

5. Color or

race White6. (a) Single, widowed, married,
divorced Married

6. (b) Name of husband or wife

John Bucki6. (c) Age of husband or wife if
alive 54 years

7. Birth date of deceased

March251890

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

491015

hr.

min.

9. Birthplace

Galicy

(City, town, or county)

Poland

(State or foreign country)

10. Usual occupation

Twist maker

11. Industry or business

Ligett & Meyers Tobacco Co.

MOTHER

FATHER

12. Name John Studnicki18. Birthplace Galicy

(City, town, or county)

Poland

(State or foreign country)

14. Maiden name Mary Studnicki15. Birthplace Galicy

(City, town, or county)

Poland

(State or foreign country)

16. (a) Informant's own signature

J. D. Bucki(b) Address 1841 Rauschenbach17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof Feb. 13, 1940

(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director

General Funeral Home(b) Address 2233 University Street19. (a) FEB 12 1940

(Date received local registrar)

(b) J. D. Bucki

(Signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County _____
 (c) City or town St. Louis 20
 (If outside city or town limits, write "RURAL")
 (d) Street No. 0 1841 Rauschenbach
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. 34 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 10
 year 1940 hour 12³⁰ minute _____ P. M.

21. I hereby certify that I attended the deceased from Feb 10
 _____, 1940, to Feb 10, 1940;
 that I last saw her alive on Feb 10, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death

Hypertensive encephalopathy,
retinits, heart disease

Due to

BP 300+/150? of cerebral accident

Due to

Hypertensive heart disease

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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 Alex Mueller

(M. D. or other)

Address BARNES HOSPITALDate signed 2/11/40

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.....

Edward J. Beckhard

Registered Apprentice No.....

working under my personal supervision.

Signed *Edward J. Beckhard*

Licensed Embalmer No. *2502*

P. O. Address *Clayton 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, above space should be left blank.