

Registration District No. 1111 15 1001 547Primary Registration District No. 3079Registrar's No. 163

1. PLACE OF DEATH:

- (a) County Maxion 1
(b) City or town Harrisburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
ST ELIZABETH HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 MO (Specify whether

In this community
years, months or days8. (a) PRINT FULL NAME IGNATZ ROSKITVICZ 261

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife FRUST. 6. (c) Age of husband or wife if7. Birth date of deceased Jan 27 1875
(Month) (Day) (Year)8. AGE: Years 65 Months 4 Days 7 If less than one day
hr. _____ min. _____9. Birthplace Austria
(City, town, or county) (State or foreign country)10. Usual occupation Cox Finisher11. Industry or business Pullman Co12. Name Unknown13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____
(City, town, or county) (State or foreign country)16. (a) Informant's own signature H. S. Schlettent(b) Address 235 N. Hamilton Hamilton Mo17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 6, 1940
(Month) (Day) (Year)(c) Place: burial or cremation Chicago Ill18. (a) Signature of funeral director James O'Connell(b) Address Harrisburg Ill19. (a) 6/3/40 (b) J. C. Fisher
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Ill (b) County Cook
(c) City or town Chicago
(If outside city or town limits, write "RURAL")
(d) Street No. AKKROUN
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3rd
year 1940 hour 1:50 minute _____ a. M.21. I hereby certify that I attended the deceased from 5/2-1940
_____, 1940 to 6/3- 1940
that I last saw him alive on 6/3
and that death occurred on the date and hour stated above.Immediate cause of death Coronary Occlusion Duration 1 hr.Due to Coronary Disease 2 mo.
Verified E.K.G.

Due to _____

Other conditions 94/10
(Include pregnancy within 3 months of death)Major findings:
Of operations NOOf autopsy NO

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?
YES

While at work? _____ (Specify type of place)
(e) Means of injury _____23. Signature J. C. Sultman (M. D. or other) M.D.
Address Harrisburg Mo Date signed 6/6/40

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Michael J. O'Donnel

Licensed Embalmer No. *3246*

P. O. Address.....

Hannibal, 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.