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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 6 1942 318

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32387

State File No.

Registration District No. 1003 Primary Registration District No.

Registrar's No. 9035

1. PLACE OF DEATH:

(a) County

(b) City or town ST LOUIS. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: CITY HOSPITAL O (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)

In this community

2. USUAL RESIDENCE OF DECEASED: 000

(a) State MO (b) County 12

(c) City or town ST. LOUIS. (If outside city or town limits, write "RURAL") 9

(d) Street No. 218 E. Stein St 216 (If rural, give location)

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

If yes, name country O

3. (a) PRINT FULL NAME GEORGE SAVISKAS

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

3. (c) Social Security No. 488-09-5824

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 MAR. (Month) 18 (Day) 1888 (Year)

8. AGE: Years 54 ~~60~~ Months 7 Days 10 If less than one day hr. min.

9. Birthplace LITHUANIA (City, town, or county) 8 (State or foreign country)

10. Usual occupation MOLDER

11. Industry or business UNEMPLOYED

FATHER
12. Name UNKNOWN
13. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)

16. (a) Informant Agatha Stelmack
(b) Address 216 E. STEIN ST.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Mt Hope Cem

18. (a) Signature of funeral director [illegible]
(b) Address 7128 Michigan

19. (a) OCT 30 1942 (Date received local registrar) (b) J. F. Branch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 28th year 1942 hour 2:15 minute A. M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchopneumonia	
Due to: Pneumonia	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other)
Address Deputy Coroner Date signed 10/29/42

(Licensed Embalmer's Statement on Reverse Side)

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

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. 925

P. O. Address. St Louis

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.