

FILED NOV 30 1942

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **9645**

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

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:
Barnes Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. **5 Days**
 (Specify whether _____)
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME **Clem Zukosky**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

(b) Name of husband or wife **Mary Zukoski** 6. (c) Age of husband or wife if alive **47** years

7. Birth date of deceased **About 1886**
 (Month) (Day) (Year)

8. AGE: Years **56** Months **-** Days **-** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Laborer**

11. Industry or business **W.P. A.**

12. Name **John Zukosky**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Mary Zuskowsky**

(b) Address **Collinsville, Illinois**

17. (a) **removal** (b) Date thereof **Nov. 18, 1942**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Collinsville, Ill.**

18. (a) Signature of funeral director **Herbert G. Kassy**

(b) Address **Collinsville, Ill.**

19. (a) **NOV 19 1942** (b) **J. F. Bredenk**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Illinois** (b) County _____
 (c) City or town **E. St. Louis**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **Rural Route # 1**
 (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country **2**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **19**
 year **1942** hour **6** 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.

Immediate cause of death **Subdural hemorrhage of brain when he fell out of bed to the floor in his home on Nov. 12, 1942 about 6:00 pm**

Due to _____

Due to _____

Other conditions (Include pregnancy within 6 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) **Accident DD**

(b) Date of occurrence **Nov 12 - 1942**

(c) Where did injury occur? **St. Louis**
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work _____ (Specify type of place)

(e) Means of injury **fall**

23. Signature **Thomas F. Callenan** (M. D. or other) _____
 Address **Deputy Coroner** Date signed **11-19-42**

DEC 1 1945

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.....

Not Embalmed

....., Registered Apprentice No.....

working under my personal supervision.

Signed

Herbert A. Kussle

..... 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.