

V. S. No. 2
 FORM-2-43
 Rev. 5-1-39
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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____
 Registrar's No. **8076**

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

Registration District No. **318**
 Primary Registration District No. **1003**

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:
4225 W Lexington Ave.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community _____ (Specify whether _____)
 years, months or days

3. (a) PRINT FULL NAME **Clara A. Bukowsky**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Leonard Bukowsky** 6. (c) Age of husband or wife if alive **49** years
 7. Birth date of deceased **September 18, 1897**
 (Month) (Day) (Year)

8. AGE: Years **45** Months **11** Days **20** If less than one day _____ hr. _____ min.

9. Birthplace **St. Louis Missouri**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER
 12. Name **Wm. H. Bruns**
 13. Birthplace **St. Louis Missouri**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Amelia Sommerland**
 15. Birthplace **St. Louis Missouri**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Leonard A. Bukowsky**
 (b) Address **4225 W Lexington Ave.**

17. (a) **Burial** (b) Date thereof **9-11-43**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Peters**

18. (a) Signature of funeral director **Stroot-Carroll**

(b) Address **4600 Natural Bridge Ave.**

19. (a) **SEP 10 1943** (b) **[Signature]**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **000**
 (c) City or town **St. Louis** **17**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **4225 W Lexington Ave.** **9 10**
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____ **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **8**
 year **1943** hour **10** minute **50** A. M.
 21. I hereby certify that I attended the deceased from **8-28-43** to **9-8-43**
 that I last saw him **or** alive on **9-7-43**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Ca of Cervix**
 Duration _____

Due to _____
 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?

While at work _____ (Specify type of place) (e) Means of injury _____
 23. Signature **G. H. Lawche** (M. D. or _____) **M.D.**
 Address **4885 Natural Bridge** Age signed **9/9/43**

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, *Sheldon Collier*

Licensed Embalmer No. *3382*

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.