

FILED MAY 8 1944
878

Primary Registration District No. 1003

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:
5142 Washington Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
in this community _____
years, months or days)

3. (a) PRINT FULL NAME Albert Haluska

3. (b) If veteran, name war None
3. (c) Social Security No. 500-24-3665

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

6. (b) Name of husband or wife Ann Haluska
6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased March 13 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 1 13 hr. min.

9. Birthplace Unknown Chechoslovakia
(City, town, or county) (State or foreign country)

10. Usual occupation Tailor

11. Industry or business _____

MOTHER FATHER { 12. Name Albert Haluska
13. Birthplace Unknown Chechoslovakia
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ann Haluska
(b) Address 5142 Washington Blvd.

17. (a) Cremation (b) Date thereof 4-28-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) 100-3-1544 (b) J.F. Budek
(Date received local authority) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17
(c) City or town St. Louis 912
(If outside city or town limits, write "RURAL")
(d) Street No. 5142 Washington
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25
year 1944 hour _____ minute 2:50 P.M.

21. I hereby certify that I attended the deceased from Apr 9, 1944 to Apr 25, 1944
that I last saw him alive on Apr 25, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Terminal arteritis of the
Lower extremities from
sypilitic
Duration _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 93d

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) (c) _____ (e) _____
Means of injury _____

23. Signature Roy Leighton (M. D. or other)
Address 6122 Oak Date signed 4/26/44

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

W. W. Wilkinson
.....
Licensed Embalmer No. *3575*

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.