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No. 2
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17-39
X37823DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 25 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16713

State File No.

1003

Registrar's No.

4627

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County.....
 (b) City or town St. Louis, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 13 days
 (Specify whether
 In this community
 years, months or days)

3. (a) PRINT FULL NAME William Rozum3. (b) If veteran, name war No 3. (c) Social Security No. ----4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Josephine 6. (c) Age of husband or wife if alive 79 years7. Birth date of deceased Unknown About 1864
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
About 80 Unknown hr. min.9. Birthplace Czechoslovakia
(City, town, or county) (State or foreign country)10. Usual occupation Coal Miner

11. Industry or business

12. Name William Rozum
 13. Birthplace Czechoslovakia
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant Joseph Rozum
 (b) Address 1217 Soulard St.
 17. (a) Burial (b) Date thereof 5/20/44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Picker
 18. (a) Signature of funeral director W. E. Maydell
 (b) Address 1926 Allen Ave.

19. (a) MAY 19 1944 (Date received local registrar)
J. F. Brudek (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
1723
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1312 Geyer Ave.
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18th
 year 1944 hour 5- minute 00 A.M.

21. I hereby certify that I attended the deceased from May 5th
19 44 to May 18th 19 44
 that I last saw him alive on May 18th 19 44
 and that death occurred on the date and hour stated above.

Immediate cause of death

Senile psychosis
97
Malnutrition
 Due to.....
 Due to.....
 Other conditions Malnutrition
 (include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
Of operations.....Of autopsy Arteriosclerosis
Malnutrition

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) Means of injury

23. Signature Frank J. Brudek (M.D. or other)
 Address 1515 Lafayette Date signed 5/18/44

(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 me

Registered Apprentice No. _____

working under my personal supervision.

Signed: W. B. May dell

Licensed Embalmer No. 1467

P. O. Address 1926 Allen

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.