S. No. 2
M—5-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 21 1945

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15866

Primary Registration District No. 1003

Registrar's No. 4200

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Isolation Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7/25/44 to 5/10/45 (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County

(c) City or town St. Louis. (If outside city or town limits, write "RURAL")

(d) Street No. 224 Victor St. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME William Tucholski

3. (b) If veteran, name war ---

3. (c) Social Security No. ----

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Frances

6. (c) Age of husband or wife if alive years

7. Birth date of deceased March 13th 1897 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
48	1	27	hr. min.

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

10. Usual occupation Maintenance.

11. Industry or business

FATHER 12. Name Alexander Tucholski.

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

MOTHER 14. Maiden name Stella GADRZYSKA.

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

16. (a) Informant Stella Grady.

(b) Address 5600 Arsenal St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/12/45 (Month) (Day) (Year)

(c) Place: burial or cremation New S.S. Peter & Paul

18. (a) Signature of funeral director Wm. C. Magdeck

(b) Address 4926 Allen Av.

19. (a) MAY 11 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day ~~10~~ 4 year 1945 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from 7/25 1944, 19, to 5/~~10~~ 9 19 45 that I last saw him alive on 5/~~10~~ 9 19 45 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy none

Duration

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 C. W. Maxwell (M. D. or other)

Address 5600 Arsenal Date signed 5-10

(Licensed Embalmer's Statement on Reverse Side)

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 D. M. Davis

Licensed Embalmer No. 3741

P. O. Address 1926 allen av

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.