

FILED MAY 16 1946 STANDARD CERTIFICATE OF DEATH

State File No. 1

Registration District No. 217

Primary Registration District No. 6076

Registrar's No. 1011

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Since 4/13/46
(Specify whether
In this community 55 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4096 Loughborough Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME TOUZINSKY, Joseph William

3. (b) If veteran, name war World I 3. (c) Social Security No. Unknown

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

6. (b) Name of husband or wife Eva A. Touzinsky 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased February 10 1891
(Month) (Day) (Year)

8. AGE: Years 55 Months 2 Days 27 If less than one day
hr. min.

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

10. Usual occupation Clerk

11. Industry or business _____

MOTHER - FATHER { 12. Name Emanuel Touzinsky
13. Birthplace Bohemia
(City, town, or county) (State or foreign country)
14. Maiden name Sophie Ardnaock
15. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Clinical Clerk, Vet. Adm. Hosp.

(b) Address Jefferson Barracks, Missouri

17. (a) Burial (b) Date thereof 5-10-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Wm. C. Moydell, Und. Co.

(b) Address Mississippi & Allen, St. Louis, Mo.

19. (a) 5-9-46 (b) E. J. McHarran
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7
year 1946 hour 8:25 minute A M.

21. I hereby certify that I attended the deceased from 4/13/46, 1946, to 5/7/46, 1946;
that I last saw h. im alive on MAY 7, 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death TUBERCULOSIS, PULMONARY Duration
CHRONIC, ACTIVE, FAR ADVANCED UNK

Due to _____
Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations No Operation

Of autopsy No 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) No
(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 L. E. STILWELL, M.D. (M. D. or other)
Address Vet. Adm. Hosp. Jeff. Brks., Mo. Date signed 5/7/46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
16999
etc 509/1

MAY 27 1946

MAY 17 1946

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 Benj. C. Duncan

Licensed Embalmer No. 2272

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.