DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34435

Registration District No. 791 1002

Primary Registration District No.

Registrar's No. 8973

NOV 13 1939

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: 2765 Caroline St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 38 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1

(c) City or town St. Louis 22
(If outside city or town limits, write "RURAL")

(d) Street No. 2765 Caroline St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 50 years.

3. (a) PRINT FULL NAME Veronica Danofski 512

3. (b) If veteran, name war XX

3. (c) Social Security No. XX

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Marion Danofski

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

7. Birth date of deceased October 30 1856
(Month) (Day) (Year)

8. AGE: Years 82 Months 11 Days 21 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name Martin Zcaplewski
13. Birthplace (City, town, or county) Bohemia (State or foreign country)

MOTHER
14. Maiden name Veronica Unk
15. Birthplace (City, town, or county) Bohemia (State or foreign country)

16. (a) Informant's own signature Agnes Behrman
(b) Address 2765 Caroline

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/23/39 (Month) (Day) (Year)
(c) Place: burial or cremation Old SS. Peter & Paul Cem.

18. (a) Signature of funeral director E. J. Schnure
(b) Address 3125 Lafayette Ave

19. (a) OCT 21 1939 (Date received local registrar) (b) J. F. Budick (Registrar's signature)
OCT 22 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 21
year 1939 hour 6:30 minute A M.

21. I hereby certify that I attended the deceased from Sept 1st, 1939, to Oct 21, 1939;
that I last saw her alive on Oct 21st, 1939;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocarditis	7
Due to Arteriosclerosis	1
Due to	
Other conditions Diabetes Mellitus (Include pregnancy within 3 months of death)	10 yrs

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature B. Shaughnessy (M. D. or other)
Address 1514 S. Jefferson Ave Date signed 10/21/39

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39 I X19511

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 Jos B Vollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette Ave 10

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, above space should be left blank.