

1-13-40  
17-39  
X23159

APR 21 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **8897**  
Registrar's No. **2307**

Registration District No. **7917** Primary Registration District No. **1003**

1. PLACE OF DEATH: *City Hospital #1*  
(a) County \_\_\_\_\_  
(b) City or town \_\_\_\_\_  
(c) Name of hospital or institution: *1 Day*  
(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

2. USUAL RESIDENCE OF DECEASED:  
(a) State *Mo* (b) County *00026*  
(c) City or town *St Louis Mo 17*  
(If outside city or town limits, write "RURAL")  
(d) Street No. *1513 A N. 15<sup>th</sup> 9*  
(If rural, give location)  
(e) If foreign born, how long in U. S. *No Attending Physician*

3. (a) PRINT FULL NAME: *Infant SIDORSKI*  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month *3* day *13*  
year *1941* hour *3:45* minute \_\_\_\_\_ a.M.

4. Sex *Male 0* 5. Color or race *White*  
6. (a) Single, widowed, married, divorced *2*  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if \_\_\_\_\_  
alive \_\_\_\_\_ years

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

7. Birth date of deceased: *March 11 1941*  
(Month) (Day) (Year)

Immediate cause of death: *Intracranial Hemorrhage*

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to *Petechial Nephritis*  
Due to \_\_\_\_\_

9. Birthplace: *St Louis Mo*  
(City, town, or county) (State or foreign country)

Other conditions: *160 a*  
(Include pregnancy within 3 months of death)

10. Usual occupation: *nil*  
11. Industry or business \_\_\_\_\_

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy: *160 b*

12. Name: *Felix Sedoraki*  
13. Birthplace: *St Louis Mo*  
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_

14. Maiden name: *Catherin Mc Normet*  
15. Birthplace: *St Louis Mo*  
(City, town, or county) (State or foreign country)

(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? \_\_\_\_\_

16. (a) Informant: *Felix Sedoraki*  
(b) Address: *1513 A N. 15<sup>th</sup>*  
17. (a) *Burial* (b) Date thereof: *3 18 41*  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation: *Calvary Cemetery*  
18. (a) Signature of funeral director: *Central 2nd*  
(b) Address: *18 1/2 Calvary*  
19. (a) *MAR 13 1941* (b) *J. Zwick*  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury: *3*  
23. Signature: *Alfred Perry* (M. D. or other) \_\_\_\_\_  
Address: *Alfred Perry* Date signed: *3/13/41*

(Licensed Embalmer's Statement on Reverse Side)

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

70  
1

Duration  
Underline the cause to which death should be charged statistically.

---

---

**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.....

Licensed Embalmer No.....

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.**