

3. No. 2
4-13-40
5-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

756
State File No. _____
Registrar's No. 291

FILED JAN 19 1943
Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 931 Morrison
(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 Missouri (b) County 009
(c) City or town St. Louis, (If outside city or town limits, write "RURAL") 12
(d) Street No. 931 Morrison (If rural, give location) 722
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Peter Serniak

3. (b) If veteran, name war no 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Anna Serniak 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased June, 2, 1881
(Month) (Day) (Year)

8. AGE: Years 61 Months 7 Days 8 If less than one day hr. min.

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

10. Usual occupation Paint Sprayer

11. Industry or business _____

12. Name Joseph Serniak

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

14. Maiden name Unknown

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

16. (a) Informant Anna Serniak

(b) Address 931 Morrison

17. (a) Burial (b) Date thereof 1/12/43
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Charles

(b) Address 1722 S. Jefferson Ave.

19. (a) JAN 19 1943 (b) J. P. Bradeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 10th
year 1943 hour 9:35 minute _____ A. M.

21. I hereby certify that I attended the deceased from Sept 9th, 1942, to Jan 10th, 1943.
that I last saw him alive on Jan 10th, 1943,
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 _____

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? _____

23. Signature Chas. F. Neuk (M. D. certifier)
Address 3109 So. Grand Blv. Date signed Jan 11/43

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 Harry J. Schumaker
Licensed Embalmer No. 2679

P. O. Address 732 Tompkins

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.