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V. S. No. 2
50M-5-42
Rev. 5-17-39

16532 ✓

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. **1948-18**

Primary Registration District No. **1003**

Registrar's No. **4994**

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

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Days
(Specify whether years, months or days)

In this community 35 Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Paul Joseph Romanick

3. (b) If veteran, name war None

3. (c) Social Security No. 491-12-5663

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Anna Romanick

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

7. Birth date of deceased Dec. 14, 1989
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>53</u>	<u>5</u>	<u>13</u>	_____ hr. _____ min.

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

10. Usual occupation Drill Press Operator

11. Industry or business _____

12. Name Paul Romanick

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

14. Maiden name Barbara Schneemann

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

16. (a) Informant Carl J. Romanick

(b) Address 5329 Conde Str

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 5/31/43
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director [Signature]

(b) Address 2117 E. Grand Blvd.

19. (a) MAY 30 1943
(Date received local registrar)

J. J. Braden
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
17

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 99

(d) Street No. 5329 Conde Str.
(If rural, give location)

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

If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27,
year 1943 hour 4:00 minute A. M.

21. I hereby certify that I attended the deceased from May
25, 1943 to May 27, 1943;
that I last saw him alive on May 27, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Car pulmonalis

Due to emphysema

Due to _____

Other conditions Major Strumpel
(Include pregnancy within 3 months of death)

Major findings: Type of spondylolithiasis
Of operations _____

Of autopsy as above

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 [Signature]
Address 1515 Lafayette Avenue
Date signed 5/27/43

Duration _____

PHYSICIAN _____

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 *Frank A. Moore*
Licensed Embalmer No. *3041*
P. O. Address *2117 E. Grand*

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.