

33011

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

S. No. 2  
M--2-43  
5-17-39Registrar's No. **8860**Registration District No. **194318**Primary Registration District No. **1003**

## 1. PLACE OF DEATH:

- (a) County.....  
 (b) City or town **St. Louis**  
 (c) Name of hospital or institution:  
**6124 Page Blvd., /**  
 (If not to hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution..... (Specify whether

In this community..... (Specify whether  
years, months or days)3. (a) PRINT FULL NAME **John Danetz.**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 **Victoria Danetz** 6. (c) Age of husband or wife if alive **60** years7. Birth date of deceased **June 11, 1880.**  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
**63** **3** **25** hr. min.9. Birthplace **Hungaria. 4**  
(City, town, or county) (State or foreign country)10. Usual occupation **Shoe Repair**

11. Industry or business.....

12. Name **? Danetz**13. Birthplace **Hungaria 4**  
(City, town, or county) (State or foreign country)14. Maiden name **Unknown**15. Birthplace **Hungaria 4**  
(City, town, or county) (State or foreign country)16. (a) Informant **Mrs. Victoria Danetz**(b) Address **6124 Page Blvd.,**17. (a) **Cremation** (b) Date thereof **Oct. 8/43.**  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation **Oak Grove Crematory**18. (a) Signature of funeral director **Jos. W. Clark**(b) Address **1125 Hodiamont Ave.,**19. (a) **OCT 7 1943** (b) **J. F. Brudick**  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State **Mo.** (b) County.....  
 (c) City or town **St. Louis**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **6124 Page Blvd.,**  
 (If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **6**  
year **1943** hour **7.20** minute **A.M.**21. I hereby certify that I attended the deceased from **Oct 1st**  
**1940**, 19....., to **Oct 6-1943**  
that I last saw him alive on **10-4-** 19. **43**  
and that death occurred on the date and hour stated above.

Immediate cause of death.....

**Chronic Myo. Carditis**  
Due to **Arteriosclerosis**

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)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?

While at work..... (Specify type of place) (a) Means of injury.....

23. Signature **J. R. Crompton** (M. D. or other)Address **6124 Page** Date signed **10/6/43**

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

MOTHER }  
FATHER }

Dr. Roy Compton  
6122A Page Blvd.,  
GA. 1010.

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**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..... 3225  
P. O. Address..... 1125 Hodiamont Ave.,

**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.**