S. No. 2
M—2-43
. 5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22574

FILED AUG 11 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6781

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: 5540 Wren Ave.
(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

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

(d) Street No. 5540 Wren Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Max Skinski.

3. (b) If veteran, name war None

3. (c) Social Security No. 496-18-1616

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Mary A. Skinski.

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased May 13. 1872 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
73	2	17	hr. min.

9. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Executive of Printing Business.

MOTHER FATHER

12. Name Robert Skinski

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

14. Maiden name Agnes Berger

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

16. (a) Informant Mary Skinski

(b) Address 5540 Wren Ave.

17. (a) (Burial, cremation, or removal) (b) Date thereof Aug. 2. 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Bennett Keeble

(b) Address 1431 Union Blvd.

19. (a) AUG 1 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30 year 1945 hour 2 minute 45 A. M.

21. I hereby certify that I attended the deceased from July 15th 1942 to July 30th 1945 that I last saw him alive on July 30, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death arterio-sclerosis — Duration Don't know

Due to

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature R. R. Menown (M. D. or other) M.D.

Address 5330 Geraldine Date signed 7/31/45

(Licensed Embalmer's Statement on Reverse Side)

Jon McNown
5530 Beraldine
11-1-
Leave area
Check up homework

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 Neebaur

Licensed Embalmer No. 2915

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.