

V. S. No. 2  
100M-5-43  
Rev. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26332

FILED AUG 13 1947

State File No. \_\_\_\_\_

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 1629 1679

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jennings  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

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

In this community 20 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96

(c) City or town Jennings  
(If outside city or town limits, write "RURAL")

(d) Street No. 2665 Hord Ave  
(If rural, give location)

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

3. (a) PRINT FULL NAME VINCENT DEMNY

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20  
year 1947 hour 10 minute 40 P.M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Caroline

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased July 13, 1882  
(Month) (Day) (Year)

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.

8. AGE: Years Months Days If less than one day

<u>65</u>	<u>0</u>	<u>7</u>	_____ hr. _____ min.
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Immediate cause of death \_\_\_\_\_  
Cause unknown

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

Due to \_\_\_\_\_  
Due to 2006

10. Usual occupation Tavern Owner

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_

Major findings: \_\_\_\_\_

12. Name Unknown

Of operations \_\_\_\_\_

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

Of autopsy \_\_\_\_\_

14. Maiden name Elizabeth Dorszic  
(City, town, or county) (State or foreign country)

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

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Caroline Demny

22. If death was due to external causes, fill in the following:

(b) Address 2665 Hord Ave. Jennings Mo.

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

17. (a) Burial (b) Date thereof 7-24-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(b) Date of occurrence \_\_\_\_\_

(c) Place: burial or cremation Calvary Cemetery

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

18. (a) Signature of funeral director St. Louis Funeral Home

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(b) Address 2205 St. Louis Ave

While at work? \_\_\_\_\_  
(Specify type of place) (e) Means of injury

19. (a) 8-8-47 (b) Caroline Demny  
(Date received local registrar) (Registrar's signature)

23. Signature W. H. Hays  
(City or town) (State)

Address Commissioner of Health Date signed 7-23-47

(Licensed Embalmer's Statement on Reverse Side)

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

8-11-47  
W. H. Hays

AUG 13 1945

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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..... *Henry M. Brammer* .....

Licensed Embalmer No..... *4200* .....

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.