

FILED DEC 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39719

State File No. _____
Registrar's No. 44-37

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 6-3-39	
b. CITY (If outside corporate limits, write RURAL and give township) Jefferson Barracks, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Missouri	
c. LENGTH OF STAY (in this place) 111 days		d. STREET ADDRESS (If rural, give location) 819 Howard Street	
d. FULL NAME OF (If not in hospital or institution, give street address or location) Vet. Adm. Hospital			

3. NAME OF DECEASED (Type or Print) Vincent	a. (First)	b. (Middle) F.	c. (Last) DOMINCZYK	4. DATE OF DEATH (Month) (Day) (Year) Nov. 16, 1949
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH April 12, 1915	9. AGE (In years last birthday) 34 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 6 HRS.: Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Frank Dominczyk	13b. MOTHER'S MAIDEN NAME Veronica (Maiden unk.)	14. NAME OF HUSBAND OR WIFE ---
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War II	16. SOCIAL SECURITY NO. 489147445	17. INFORMANT'S SIGNATURE OR NAME VA Hospital Records	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		NO 2X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **July 28, 1949 to Nov. 16, 1949**, ~~that he died from the causes~~ and that death occurred at **12:00 noon** from the causes and on the date stated above.

23a. SIGNATURE John J. Eustermann	(Degree or title) M.D.	23b. ADDRESS Vet. Adm. Hosp. Jeff. Bks. Mo.	23c. DATE SIGNED 11-16-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/19/49	24c. NAME OF CEMETERY OR CREMATORY Calvary	24d. LOCATION (City, town, or county) (State) St. Louis Mo.
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DATE REC'D BY LOCAL REG. 11-18-49	REGISTRAR'S SIGNATURE Herbert R. Wanko M.D.	25. FUNERAL DIRECTOR'S SIGNATURE St. Louis Funeral home	ADDRESS 2205 St. Louis
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

46
H. Jones

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Glenn R. Caldwell* _____

Licensed Embalmer No. *471077* _____

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.