

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36301**  
Registrar's No. **9563**

FILED NOV 12 1952

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

Registrar's No. **9563**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>Life</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis State Hospital</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis Missouri</b>	
		d. STREET ADDRESS (If rural, give location) <b>132 5400 Arsenal Street</b>	
3. NAME OF DECEASED (Type or Print) <b>Helen</b>		a. (First) <b>Deniszczuk</b>	
		b. (Middle)	
		c. (Last)	
		4. DATE OF DEATH (Month) (Day) (Year) <b>October 15 1952</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>December 24, 1917</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) <b>34</b>
		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <b>John Deniszczuk</b>		13b. MOTHER'S MAIDEN NAME <b>Bernice Panda</b>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
		16. SOCIAL SECURITY NO.	
		17. INFORMANT'S SIGNATURE OR NAME <b>Sadie Deniszczuk 5937 Sullivan</b>	
		ADDRESS	
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	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Gastro-enteritis, acute</b>	
		INTERVAL BETWEEN ONSET AND DEATH <b>10 days</b>	
		ANTECEDENT CAUSES	
		DUE TO (b) <b>Pneumonia</b>	
		DUE TO (c)	
		II. OTHER SIGNIFICANT CONDITIONS	
		Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
		21f. HOW DID INJURY OCCUR <b>82 492</b>	
22. I hereby certify that I attended the deceased from <b>9-25-52</b> , to <b>October, 1915</b> , that I last saw the deceased alive on <b>Oct. 15, 1952</b> , and that death occurred at <b>1:40 a. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>R. Hofflander M.D.</b>		23b. ADDRESS <b>5400 Arsenal Street</b>	
		23c. DATE SIGNED <b>10-15-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>10-18-1952</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Calvary</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Missouri</b>	
DATE REC'D BY LOCAL REG. <b>OCT 17 1952</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>	
		25. FUNERAL DIRECTOR'S SIGNATURE <b>St. Louis Funeral Home St. Louis</b>	
		ADDRESS <b>295</b>	

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

Soap. Contacted - Atypical Pneumonia

**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 J. Wm Bentley  
Licensed Embalmer No. 2653

P. O. Address M. Louis Mc

**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.

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