

STANDARD CERTIFICATE OF DEATH

State File No. **43266**
Registrar's No. **11092**

DEC 24 1952

318

PRIMARY REG. DIST. NO. 1003

REG. DIST. NO. 11092

| | | | | | | | |
|---|--|--|--|---|--|---|--|
| BIRTH NO. | | REG. DIST. NO. | | PRIMARY REG. DIST. NO. | | Registrar's No. | |
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>St. Louis Missouri</i> b. COUNTY | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i> | | c. LENGTH OF STAY (In this place) <i>2 wks</i> | | c. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i> | | 2209 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Jewish Hospital</i> | | | | d. STREET ADDRESS (If rural, give location) <i>2229 Madison</i> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <i>Stanley</i> b. (Middle) <i>BANASKAVICZ</i> c. (Last) <i>BANASKAVICZ</i> | | 4. DATE OF DEATH (Month) (Day) (Year) <i>11-30-52</i> | | 5. SEX <i>M</i> | | 6. COLOR OR RACE <i>W</i> | |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i> | | 8. DATE OF BIRTH <i>9-28-1890</i> | | 9. AGE (In years last birthday) <i>62</i> | | 10. IF UNDER 1 YEAR Days 11. IF UNDER 1 HR. Hours 12. IF UNDER 1 MIN. Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Shoe Maker</i> | | 10b. KIND OF BUSINESS OR INDUSTRY <i>Shoe</i> | | 11. BIRTHPLACE (State or foreign country) <i>Poland</i> | | 12. CITIZEN OF WHAT COUNTRY? <i>USA</i> | |
| 13a. FATHER'S NAME <i>Unknown</i> | | 13b. MOTHER'S MAIDEN NAME <i>Unknown</i> | | 14. NAME OF HUSBAND OR WIFE <i>Mary Swinta Banaskavicz</i> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>YES World War I</i> | | 16. SOCIAL SECURITY NO. <i>489-10-6699</i> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mary (wife)</i> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Brain tumor, malignant</i> | | | | INTERVAL BETWEEN ONSET AND DEATH <i>8 wks.</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. | | 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. | | | | | | | |
| 19a. DATE OF OPERATION <i>Nov 24, 1952</i> | | 19b. MAJOR FINDINGS OF OPERATION <i>Tumor left. front temporal region.</i> | | | | 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? <i>193X</i> | | | |
| 22. I hereby certify that I attended the deceased from <i>Nov 22, 1952</i> , to <i>Nov 30, 1952</i> ; that I last saw the deceased alive on <i>Nov 29, 1952</i> , and that death occurred at <i>7 A. m.</i> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <i>George H. Hawk</i> (Degree or title) <i>M.D.</i> | | | | 23b. ADDRESS <i>607 N Grand St. Louis MO</i> | | 23c. DATE SIGNED <i>Dec 2, 1952</i> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i> | | 24b. DATE <i>12-3-52</i> | | 24c. NAME OF CEMETERY OR CREMATORY <i>National Cemetery</i> | | 24d. LOCATION (City, town, or county) (State) <i>Jefferson Parish, La</i> | |
| DATE REC'D BY LOCAL REG. <i>DEC 2 1952</i> | | REGISTRAR'S SIGNATURE <i>Carl Smith</i> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>St. Louis Funeral Home</i> 2205 St. Louis Ave. | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

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 Me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Elton R. Peneluro

Licensed Embalmer No. 4283

P. O. Address St. Louis, Mo.

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.