

RECD JUL 11 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

21584
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
 (b) Township Union Primary Registration District No. 1001
 (c) City St. Joseph (d) Street No. St. Joseph Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Infant Serocki

(a) Residence, No. 2812 Mary St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 18, 1939</u>		
7. AGE	YEARS	MONTHS
	<u>0</u>	<u>0</u>
	<u>0</u>	<u>0</u>
	<u>0</u>	<u>0</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Infant</u>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		

12. BIRTHPLACE (CITY OR TOWN) St. Joseph
 (STATE OR COUNTRY) Missouri

13. NAME Paul Serocki

14. BIRTHPLACE (CITY OR TOWN) St. Joseph
 (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Arline Zeorlin

16. BIRTHPLACE (CITY OR TOWN) St. Joseph
 (STATE OR COUNTRY) Missouri

17. INFORMANT Paul Serocki
 (ADDRESS) 2812 Mary

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Wt. Olive DATE JUNE 19 1939

19. FUNERAL DIRECTOR (NAME) FLEEMAN & SON, INC.
 (ADDRESS) 1446 Co. Chorn

20. FILED June 19 39 A. Neitelbach
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18 1939

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1939, to June 18, 1939

I last saw him alive on still born, 19..... Death is said to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

Premature birth (6 mo)

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis clinical Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) Gustav A. Lau M. D.

(Address) W. B. Redy, St. Joseph, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1157

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.....

Licensed Embalmer No. *3986*

P. O. Address. *St. Joseph*

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, above space should be left blank.