

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. 30168
 Registrar's No. 1475

Registration District No. 284 Primary Registration District No. 200

1. PLACE OF DEATH:
 (a) County St Louis 3
 (b) City or town St Louis
 (c) Name of hospital or institution: Elms Nursing Home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 yr
 In this community 1 yr
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County St Louis
 (c) City or town Overland
 (If outside city or town limits, write "RURAL")
 (d) Street No. 911 1/2 Midland
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.?

8. (a) PRINT FULL NAME FRANK T. VILINSKY
 8. (b) If veteran, name war NO
 3. (c) Social Security No. NO

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month August day 18
 year 1939 hour 10 minute A M.

4. Sex MALE 5. Color or race W
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife rose
 6. (c) Age of husband or wife if alive 1892 years
 7. Birth date of deceased Feb 29 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

8. AGE: Years 47 Months 5 Days 19 If less than one day hr. min.

Immediate cause of death: Coronary sclerosis
Marked arteriosclerosis
 Due to _____
 Due to _____
 Other conditions (include pregnancy within 3 months of death) AS 6 2

9. Birthplace New Jersey (City, town, or county) (State or foreign country)
 10. Usual occupation unemployed
 11. Industry or business none
 MOTHER FATHER { 12. Name Frank Valinsky
 13. Birthplace unknown (City, town, or county) (State or foreign country)
 14. Maiden name Christine
 15. Birthplace unknown (City, town, or county) (State or foreign country)

Major findings: Of operations _____
 Of autopsy Sclerosis of coronaries
Cardiac hypertrophy.
 Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Rose Valinsky
 (b) Address 911 1/2 Midland
 17. (a) Burial (b) Date thereof 8/21/39
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Calvary Church
 18. (a) Signature of funeral director B. J. ...
 (b) Address 250 W. Woodson
 19. (a) AUG 18 1939 (b) D. R. ...
 (Date of local burial) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? (City or town) (County) (State) _____
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
 (Specify type of place) (e) Month of injury _____
 While at work? _____
 23. Signature John J. Conwell (M. D. or other) 4
 Address Coroner of St. Louis County, Mo. Date signed _____

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.