

APR 16 1940

FILED APR 1 1940

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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

# MISSOURI STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

12308

State File No. \_\_\_\_\_

Registration District No. 784

Primary Registration District No. 101

Registrar's No. 534

### 1. PLACE OF DEATH:

(a) County St. Louis  
 (b) City or town Clayton  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
St. Louis County Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 22 days  
(Specify whether  
 In this community 1 1/2 Years  
years, months or days)

3. (a) PRINT FULL NAME Thomas Skredinski 125

3. (b) If veteran, name war No. 3. (c) Social Security No. 89323-2768

4. Sex male 5. Color or race white  
 6. (a) Single, widowed, married, divorced single  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife If alive \_\_\_\_\_ years  
 7. Birth date of deceased Dec. 8 1886  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>53</u>	<u>3</u>	<u>6</u>	hr. _____ min.

9. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation nil.

11. Industry or business \_\_\_\_\_

12. Name Joseph Skredinski 16

13. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Anna Myrshalski 1

15. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Anna Cox

(b) Address 1622 Lulu Ave

17. (a) Burial (b) Date thereof Mar 18/1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director W. H. Clark

(b) Address 1234 Wood

19. (c) MAR 16 1940 (d) R. J. Brown  
(Date received local registrar) (Registrar's signature)

### 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis  
 (c) City or town Wellston  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1620 Lulu  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

### MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 14  
year 1940 hour 4 minute 55 P. M.

21. I hereby certify that I attended the deceased from 2-21-40  
19\_\_\_\_, to 3-14-4- 19\_\_\_\_;  
that I last saw him alive on 3-14-40 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death glomerular nephritis and emboli of kidney  
Duration? Months?

Due to Sub acute bacterial endocarditis Months?  
It also had pulmonary Tbc and heart.

Due to \_\_\_\_\_  
Other conditions 34  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

### 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature R. J. Brown (M. D. or other) 1

Address St. Louis County Hosp Date signed 3-15-40

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

MOTHER FATHER

26  
2  
2

6

**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 Joe W. Clark

Licensed Embalmer No. 1664

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, above space should be left blank.**