

FILED FEB 24 1942

1003

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis, Mo
(b) City or town St. Louis, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Firmin Desloge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12-24-41 to 1-7-42
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 800
(c) City or town St. Louis, Mo 2317
(If outside city or town limits, write "RURAL")
(d) Street No. 1011 Park Avenue
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Zenia Serniak

3. (b) If veteran, name was None 3. (c) Social Security No. no

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Andrew Serniak 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased About 1877
(Month) (Day) (Year)

8. AGE: Years About 65 Months _____ Days _____ If less than one day
hr. _____ min. _____

9. Birthplace _____ (City, town, or county) _____ (State or foreign country) _____

10. Usual occupation Housewife

11. Industry or business _____

12. Name John Rostisniak

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

14. Maiden name Unknown

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

16. (a) Informant Andrew Serniak

(b) Address 1011 Park Avenue

17. (a) Burial (b) Date thereof 1-10-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Peter's Church

18. (a) Signature of funeral director Wm C. Moyall

(b) Address 1716 Allen Yards

19. (a) JAN 2 (b) J. F. Brudack
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day seventh
year 1942 hour seven minute 55 A.M.

21. I hereby certify that I attended the deceased from December
twenty-fourth, 1941, to January 7, 1942;
that I last saw her alive on January 7, 1942;
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Cardio-Vascular Disease and Generalized arteriosclerosis
Due to _____
Due to _____

Other conditions Diabetes Mellitus
(Include pregnancy within 3 months of death) Syphilis of Central Nervous System

Medical findings: _____
Of operations _____
Of autopsy None
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? _____

(Specify type of place) _____
(e) Means of injury _____
23. Signature J. O. Brown (M. D. or other) MA
Address _____ Date signed _____

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

MOTHER FATHER

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

Benj. C. Duncan

Licensed Embalmer No. *2272*

P. O. Address *1726 Allen*

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.