

16666
V. S. No. 2
OM-9-4-41
Rev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

16511
State File No. 4246
Registrar's No.

Registration District No. 791

Primary Registration District No. 1002

000
17
9
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County.....
(b) City or town. St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number of location) 0
(d) Length of stay: In hospital or institution. 1 mo. 17 days
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State. Missouri (b) County.....
(c) City or town. St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1307 Warren Street
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME. Steve F. Obrenski
3. (b) If veteran, name war..... 3. (c) Social Security No.....

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. June 30 1906
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
35 10 12 hr. min.

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

10. Usual occupation. Unemployed

11. Industry or business.....

12. Name. Nastar Obrenski

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

14. Maiden name. Frances Duszak

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

16. (a) Informant. Nastar Obrenski
(b) Address. 1307 Warren Street

17. (a) Burial (b) Date thereof. May 15, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Calvary Cemetery

18. (a) Signature of funeral director. General Funeral Home Inc.
(b) Address. 2233 University Street

19. (a) MAY 14 1942 J. F. Bredsch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 12,
year 1942 hour 2:00 minute A. M.
21. I hereby certify that I attended the deceased from March
25, 1942 to May 12, 1942
that I last saw him alive on May 12, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Pulmonary Tuberculosis
Due to Cirrhosis of Liver
Due to 13
Other conditions.....
(Include pregnancy within 3 months of death) 23

Major findings:
Of operations.....
Of autopsy. Not done.

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..... 0
23. Signature M. W. Davis (M. D. or other) 0
Address 1515 Lafayette Ave. S. Date signed 5/12/42

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

4164

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 Edward J. Bookhard

Licensed Embalmer No. 2502

P. O. Address Dayton, OH

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.