V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35769

FILED DEC 7 1942

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9801

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis City Hospital
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital 0
(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 / years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis, 239
(If outside city or town limits, write "RURAL")

(d) Street No. 1815 a Dolman St.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME John Onofry

3. (b) If veteran, name war no

3. (c) Social Security No. 489-10-6039

4. Sex male

5. Color or race white 0

6. (a) Single, widowed, married, divorced widowed 2

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased March, 18, 1883
(Month) (Day) (Year)

8. AGE: Years 59 | Months 8 | Days 1 | If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Poland 4 (State or foreign country)

10. Usual occupation Hammer Man

11. Industry or business Car Co.

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Nick Onofry
(b) Address 8136 Page Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/21/42 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Chulick Und. Co.
(b) Address 1722 S. Jefferson Ave.

19. (a) NOV 24 1942 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 19
year 1942 hour 12:00 minute 25 A. M.

21. I hereby certify that I attended the deceased from October 29, 1942, to November 19, 1942;
that I last saw him alive on November 19, 1942;
and that death occurred on the date and hour stated above.

Immediate cause of death Brain tumor
Unknown as to
Due to malignancy
Due to 5'

Other conditions Terminal pneumonia
(Include pregnancy within 3 months of death)
(Bronchial)

Major findings:
Of operations
Of autopsy refused

Duration

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)
While at work? (e) Means of injury

23. Signature Eugene Wiey (M. D. or other)
Address 1515 Lafayette Date signed 11/19/4

(Licensed Embalmer's Statement on Reverse Side)

1086

1086

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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 732 Lemay Ferry rd.

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.