V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

9257

State File No.

FILED MAR 20 1944 818

Registration District No.

Primary Registration District No. 1003

Registrar's No. 2287

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
De Paul Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community Since birth
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ~~St. Louis~~ 000 17

(c) City or town St. Louis 69
(If outside city or town limits, write "RURAL")

(d) Street No. 5301 Page Blvd. (St. Ann's H.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country O

3. (a) PRINT FULL NAME Daniel Joseph Meroniuk

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W O

6. (a) Single, widowed, married, divorced Infant O

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb. 12, 1944 (Month) (Day) (Year)

8. AGE: Years | Months | Days 25 | If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

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

MOTHER
14. Maiden name Dorothy Meroniuk
15. Birthplace St. Louis (City, town, or county) Missouri O (State or foreign country)

16. (a) Informant De Paul Hospital
(b) Address St. Louis Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 9'44 (Month) (Day) (Year)
(c) Place: burial or cremation Calvery

18. (a) Signature of funeral director Walter Walters
(b) Address 5301 Page Blvd.

19. (a) MAR 8 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7th.
year 1944 hour 3 minute 45 P. M.

21. I hereby certify that I attended the deceased from Feb. 12, 1944, 19 to March 7 1944, 19
that I last saw him alive on Mar 7, 1944, 19
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acidosis	3 days
Due to: Atherosis	7 days
Due to: Sclerosis	2 days
Other conditions (Include pregnancy within 3 months of death): Diarrhea	10 days

Major findings:
Of operations 119 a
Of autopsy ~~X~~ yes

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 O

23. Signature Jules L. Brock (M. D. or other)
Address 1467 Union Av. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Not Embalmed Registered Apprentice No. ..... working under my personal supervision.

Signed Walter Walton

Licensed Embalmer No. .....

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, fact should be so stated above.