

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1041

FILED MAY 13 1944  
Registration District No. 6076

Primary Registration District No. 6076

Registrar's No. 1041

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Baden Station  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
#16 Monticello Dr.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None  
(Specify whether  
in this community  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Baden Station  
(If outside city or town limits, write "RURAL")  
(d) Street No. 16 Monticello Dr.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Frank J. Muraski

3. (b) If veteran,

name war None

3. (c) Social Security

No. 498-05-3704

4. Sex Male

0

5. Color or race White

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

6. (b) Name of husband or wife Veronica Muraski

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased February 2, 1884  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>60</u>	<u>3</u>	<u>1</u>	hr. _____ min.

9. Birthplace

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

10. Usual occupation

Retired Furniture Driver

MOTHER FATHER

11. Industry or business

Joseph F. Muraski

12. Name

Unknown Poland ( )  
(City, town, or county) (State or foreign country)

13. Birthplace

Pauline Rehl  
(City, town, or county) (State or foreign country)

14. Maiden name

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

15. Birthplace

16. (a) Informant

Veronica Muraski

(b) Address

#16 Monticello Dr.

17. (a) Burial

(Burial, cremation, or removal) (b) Date thereof 5/6/44  
(Month) (Day) (Year)

(c) Place: burial or cremation

Calvary Cemetery

18. (a) Signature of funeral director

Math Hermann & Son  
2161 East Fair Ave.

(b) MAY 6 - 1944

19. (a) (Date received local registrar)

(b) E. D. McLaren, M.D.  
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3rd  
year 1944 hour 5:45 AM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from January  
May 3rd 1944 to May 3 1944  
that I last saw him alive on May 3  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction  
Due to Cerebral degeneration  
Due to Cholelithiasis  
Other conditions Hypertension  
(Include pregnancy within 6 months of date)

Duration 5 days  
2 years

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 1216

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? Yes

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury 0

23. Signature Am. Hall (M. D. or other) \_\_\_\_\_  
Address 2416 W. Grand Date signed 5/4/44

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

MAY 17 1944

**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 *Gustav W Dietrich*

Licensed Embalmer No. *4329*

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.**