

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED FEB 5 1946  
Registration District No. 377

Primary Registration District No. 3062

Registrar's No. 266

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 2453 Bremerton  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(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 Brentwood  
(If outside city or town limits, write "RURAL")

(d) Street No. 2453 Bremerton  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Anna Slivinski

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Frank Slivinski 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 20 1850  
(Month) (Day) (Year)

8. AGE: Years 95 Months 6 Days 10 If less than one day \_\_\_\_\_  
hr. min.

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

10. Usual occupation House Wife

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Andrew Guenas

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

14. Maiden name unknown

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

16. (a) Informant Ann Spencer  
(b) Address 2453 Bremerton

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Braidwood, Ill.

18. (a) Signature of funeral director T. J. Conaghan  
(b) Address 7146 Manchester Ave.

19. (a) 2-7-46 (b) E. M. Serrano  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31  
year 1946 hour 8 minute 35 A. M.

21. I hereby certify that I attended the deceased from Jan 29, 1946, to Jan 31, 1946  
that I last saw her alive on Jan 30, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Arterio-sclerotic-Cardio-Vascular-Renal-Disease

Due to 1310

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

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 or in industrial place, in public place? None

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

23. Signature Allen M. Kearney (M. D. or \_\_\_\_\_)  
Address 2240 Brentwood Blvd Date signed 2-4-46

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

6  
9  
1

2047

707

**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 *Albert S. Hoppe*  
Licensed Embalmer No. *2971*

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.**