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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 22 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18751
Registrar's No. 1836

Registration District No. 318 Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri
(c) Name of hospital or institution: St. Louis City Hospital
(d) Length of stay: In hospital or institution
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(d) Street No. 312 South 4th Street
(e) Citizen of foreign country?

3. (a) PRINT FULL NAME Joseph Dainisares
(b) If veteran, name war Unknown
(c) Social Security No. 498-01-3528

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month MAY day 11 1947 year hour 9 minute 9 M.
21. I hereby certify that I attended the deceased from
that I last saw him alive on
and that death occurred on the date and hour stated above.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 19 1895
(Month) (Day) (Year)

Immediate cause of death
Due to
Due to
Other conditions
Major findings:
Of operations
Of autopsy

8. AGE: Years Months Days If less than one day
52 1 23 hr. min.

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

10. Usual occupation House Painter

11. Industry or business Statler Hotel

12. Name Unknown Dainisares

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

14. Maiden name Unknown

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

16. (a) Informant Anna Rolinitis

(b) Address Westville, Illinois

17. (a) Removal (b) Date thereof 5/13/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Westville, Illinois

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) (b) J. F. Breda
(Date received local registrar) (Registrar's signature)

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
23. Signature of physician
Address
Date signed

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.....

Signed *Henry M. Brammer*.....

Licensed Embalmer No. *4200*.....

P. O. Address *St. Louis*.....

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.