No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 28 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH 1003

State File No. 7067

Registration District No. 318 Primary Registration District No. Registrar's No. 1476

1. PLACE OF DEATH:

(a) County
(b) City or town ST, Louis, MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution City Infirmary Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12-29-45 to 2-12-48 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town ST, Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 5800 Arsenal ST.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

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3. (a) PRINT FULL NAME Marcia Lee Srenco
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 Child
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) (Day) 1943 (Year)

8. AGE: Years abt - 4 Months ? Days If less than one day hr. min.

9. Birthplace ST, Louis, (City, town, or county) (State or foreign country)
10. Usual occupation Nil.
11. Industry or business

FATHER
12. Name Melvin Srenco
13. Birthplace ST, Louis, (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Klamon
15. Birthplace ST, Louis, (City, town, or county) (State or foreign country)

16. (a) Informant City Infirmary Record
(b) Address 5800 Arsenal St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/12/48 (Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shel Emeth
18. (a) Signature of funeral director Berger emorial
(b) Address 4715 McPherson
19. (a) FEB 13 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 12 year 1948 hour 7 minute 40 A.M.
21. I hereby certify that I attended the deceased from Jan. 1, 19 47 to Feb. 12, 19 48 that I last saw her alive on Feb, 12, 19 48 and that death occurred on the date and hour stated above.

Immediate cause of death microcephalic with congenital cerebral malformation — Duration since birth
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 151
Major findings: Of operations
Of autopsy

PHYSICIAN — Underline the cause of 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 M. P. Thomas (Coroner or other)
Address Gov Arsenal Date signed 2-12-48

Jefferson City Printing Co. (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.....

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

working under my personal supervision.

Signed.....

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.