

FILED OCT 19 1949

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

35789

State File No. ....

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

BIRTH NO. 77404-19 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 4133

1. PLACE OF DEATH a. COUNTY <u>St Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rick 1st Mo</u>		c. LENGTH OF STAY (in this place) <u>17</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Mary's Hosp</u>		e. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis Mo</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>BABY</u> b. (Middle) <u>GIRL</u> c. (Last) <u>DMYTRYK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 11 - 1949</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>S</u>	8. DATE OF BIRTH <u>Oct 10 - 1949</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9b. KIND OF BUSINESS OR INDUSTRY	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Richmond 7th Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Dr G Dmytryk</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF MARRIED OR WIFE <u>Ann Dmytryk</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>Pneumonia Section</u> DUE TO (c) <u>Central Placenta Previa</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1:15</u>	
19a. DATE OF OPERATION <u>10-10-49</u>		19b. MAJOR FINDINGS OF OPERATION <u>28 weeks gestation Perio Placentaprevia</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>10-10</u> , 19 <u>49</u> , to <u>10-11</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>10-10</u> , 19 <u>49</u> , and that death occurred at <u>8:30 A</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>Thomas Muen</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>4500 Olive</u>	
23c. DATE SIGNED <u>10-11-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>None</u>	
24b. DATE <u>Oct 13 - 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>St Louis County</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Walter Zolozy 6536 Clayton Rd</u>	
DATE RECD BY LOCAL REGISTRAR'S SIGNATURE <u>Herbert B. Womke, M.D.</u>		26. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Not Embalmed  
Licensed Embalmer No. Art Bond Clayton

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.