

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33077

State File No.

EMD OCT 8 1952

BIRTH NO. 72143 REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8682

1. PLACE OF DEATH a. COUNTY			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) OR TOWN <u>St Louis</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>hemay</u> <u>7</u> <u>4850</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St John's Hosp.</u>			d. STREET ADDRESS (If rural, give location) <u>4115 REAVIS BKS. ROAD.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>KENNETH</u>		b. (Middle)	c. (Last) <u>JARSENSKY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>9-15-52</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>9-15-52</u>	9. AGE (In years last birthday)	10. MONTHS <u>130</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CHILD</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>St Louis Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>RICHARD JARSENSKY</u>		13b. MOTHER'S MAIDEN NAME <u>DOROTHY SCHACHLE</u>		14. NAME OF HUSBAND OR WIFE <u>SINGLE</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>RICHARD JARSENSKY - hemay Mo.</u>				
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) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Polyhydramnios of mother</u>			INTERVAL BETWEEN ONSET AND DEATH <u>30 min</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				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	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>776X</u>				
22. I hereby certify that I attended the deceased from <u>Sept 15, 1952</u> , to <u>Sept 15, 1952</u> , that I last saw the deceased alive on <u>Sept 15, 1952</u> , and that death occurred at <u>8:45 P.M.</u> , from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) <u>Michael Sulick M.D.</u>			23b. ADDRESS <u>9012 Manchester Rd</u>		23c. DATE SIGNED <u>9-16-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>9-16-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>St Louis Co, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>SEP 16 1952</u>	REGISTRAR'S SIGNATURE <u>J. C. Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Jos. P. FENLER - 7128 Michigan.</u>			

(Licensed Embalmers' Statement on Reverse Side)

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

S. No. 300
V. 10-48

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 Ed Embalm. Oscar

Licensed Embalmer No. Ed. Bury

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.