

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44169**
Registrar's No. **11831**

FILED JAN 5 1954

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

| | | | | | |
|--|---|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, MISSOURI | | c. LENGTH OF STAY (In this place) | | c. CITY OR TOWN St. Louis | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL | | e. STREET ADDRESS (If rural, give location) 4630 Kossuth Avenue, 15, 2079 | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) WALTER b. (Middle) STANLEY c. (Last) DOMASH | | | 4. DATE OF DEATH DECEMBER 14, 1953 (Month) (Day) (Year) | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Aug. 8th, 1883 | 9. AGE (In years last birthday) 70 | IF UNDER 1 YEAR Months Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Insurance Broker | 10b. KIND OF BUSINESS OR INDUSTRY Insurance | 11. BIRTHPLACE (City and State or Foreign Country) Lithuania | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Stanley Domash | | 13b. MOTHER'S MAIDEN NAME Petronella Saraukas | | 14. NAME OF HUSBAND OR WIFE Mary Domash nee Chelkaitis | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME Mary Domash, 4630 Kossuth Avenue, 15 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) MYOCARDIAL INFARCT ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS CONGESTIVE HEART FAILURE <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> AZOTEMIA | | | | INTERVAL BETWEEN ONSET AND DEATH 1 WEEK SEVERAL YRS 1 YR 2 WEEKS |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? 420D | | | |
| 22. I hereby certify that I attended the deceased from 10-4, 1953 , to 12-14, 1953 , that I last saw the deceased alive on 12-14, 1953 , and that death occurred at 5:50a m. , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE E. P. Pennington, M.D. (Degree or title) | | 23b. ADDRESS BARNES HOSPITAL | | 23c. DATE SIGNED 12-14-53 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 12/18/53 | 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery | 24d. LOCATION (City, town, or county) (State) St. Louis, Missouri | | |
| DATE REC'D BY LOCAL REG. DEC 15 1953 | REGISTRAR'S SIGNATURE Carl Smith | 25. FUNERAL DIRECTOR'S SIGNATURE CALVIN F. FEUTZ, 4828 Natural Bridge Blvd., FUNDAL HOME, INC., St. Louis, 15, Mo. ADDRESS | | | |

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

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.....
Signature of Student Embalmer

Signed *John A. Minnar*.....

Licensed Embalmer No. *4186*.....

P. O. Address *St. Louis, Mo.*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.