

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3463

FILED FEB 2 1954

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **0733**

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| 1. PLACE OF DEATH a. COUNTY 0 | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY | |
| b. CITY OR TOWN ST. LOUIS, MISSOURI | | c. CITY OR TOWN St. Louis | d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) | | e. STREET ADDRESS (If rural, give location) 2169 0 3400 S. Grand Blvd. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL | | | |

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|---|------------|-------------|-----------------------------|--|
| 3. NAME OF DECEASED (Type or Print) SERGEI | a. (First) | b. (Middle) | c. (Last) ZDANIEVICH | 4. DATE OF DEATH JANUARY 23, 1954 |
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|--------------------|-------------------------------|---|---------------------------------------|---|-----------------------------|-----------------------------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower | 8. DATE OF BIRTH Oct. 6th 1885 | 9. AGE (In years last birthday) 68 | If UNDER 1 YEAR Months Days | If UNDER 24 HRS. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cabinet Maker | 10b. KIND OF BUSINESS OR INDUSTRY Retired | 11. BIRTHPLACE (City and State or Foreign Country) Poland | 12. CITIZEN OF WHAT COUNTRY? 4 |
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| 13a. FATHER'S NAME Jakob Zdanievich | 13b. MOTHER'S MAIDEN NAME Nathalia | 14. NAME OF HUSBAND OR WIFE Late Maude Zdanievich |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME Margaret Vonderheide | ADDRESS 626 Florence |
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| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute chronic Pyelonephritis | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Constriction of ureters DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? E9239 |
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22. I hereby certify that I attended the deceased from **1-7-54**, 19**54**, to **1-23-54** 19**54**, that I last saw the deceased alive on **1-23-54**, 19**54**, and that death occurred at **3:35A** m., from the causes and on the date stated above. **46**

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| 22a. SIGNATURE M. D. | (Degree or title) | 23b. ADDRESS 1515 Lafayette avenue | 23c. DATE SIGNED 1-24-54 |
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|---|--------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 1-25-54 | 24c. NAME OF CEMETERY OR CREMATORY Memorial Park | 24d. LOCATION (City, town, or county) (State) St. Louis County Mo. |
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| DATE REC'D BY LOCAL REG. JAN 25 1954 | REGISTRAR'S SIGNATURE J. Carl Smith | 25. FUNERAL DIRECTOR'S SIGNATURE KRIEGSHAUSER | ADDRESS 4228 So. Kingshighway |
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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 *Dale A. Trauman*.....

Licensed Embalmer No. *45*.....

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