

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

25796

File No. **L7630**  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County \_\_\_\_\_ Registration District No. **791**  
Township \_\_\_\_\_ Primary Registration District No. **1903**  
City **St. Louis mo.** (No. **Barnes**)

**2. FULL NAME**

**John Jablonski**  
(a) Residence. No. **1104 Chambers** St., **26** Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred **15** yrs. mos. da. How long in U.S., if of foreign birth? **15** yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** *Male* | **4. COLOR OR RACE** *White* | **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** *(write the word)* **Married**

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** *Elizabeth Jablonski*

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** *July 23, 1891*

**7. AGE** YEARS MONTHS DAYS | **IF LESS than 1 day, hrs. or min.**  
*37*

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work *Butcher* **152 36**  
(b) General nature of industry, business, or establishment in which employed (or employer) *Grocery & Meat Market*  
(c) Name of employer *John Jablonski*

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) *Lithuania*

**10. NAME OF FATHER**

*John Jablonski*

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) *Lithuania*

**12. MAIDEN NAME OF MOTHER**

*Agnes Kasper*

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) *Lithuania*

**14.**

**INFORMANT** *Elizabeth Jablonski*  
(Address) *1104 Chambers St.*

**15.**

**FILED** *JUL 24 1928*  
*W. C. Starkey* REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** *7 - 23 1928*

**17.** I HEREBY CERTIFY, That I attended deceased from *7 - 18*, 19*28*, to *7 - 23*, 19*28* that I last saw him alive on *7 - 22*, 19*28*, and that death occurred, on the date stated above, at *1:20 a.m.*

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

*Septicemia*  
**1530** (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

**CONTRIBUTORY** *Cellulitis of hand* (SECONDARY) *Cellulitis of hand - from infection*

**18. WHERE WAS DISEASE CONTRACTED** *cause unknown*

**8** DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_

(Signed) *W. C. Starkey*, M. D.

, 19 (Address) *600 Lexington*

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL** *Calvary Cemetery* **DATE OF BURIAL** *July 25 1928*

**20. UNDERTAKER** *Degen-Kassly* **ADDRESS** *St. Louis, Mo.*

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH—THIS IS A PERMANENT RECORD

