

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

Do not use this space.

18143

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No. 791
Primary Registration District No. 1003
(No. 213, Sidney St.)

File No.
Registered No. 5119
St. Ward

2. FULL NAME ANDREW GIBALA

(a) Residence, No. 213 Sidney St., 23 Ward.

(If nonresident, give city or town and State)

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

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 OR WIFE OF APOLONIA GIBALA

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-9-1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 6 16

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Nat'l Pigment & Chem Co.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland 23

MOTHER FATHER 13. NAME John Gibala 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland

MOTHER 15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know 31

17. INFORMANT Apollonia Gibala (ADDRESS) 213 Sidney St.

18. BURIAL, CREMATION, OR REMOVAL Next St. Peter & Paul Cem PLACE DATE 5-28 1927

19. UNDERTAKER Central Undertaking Co. (ADDRESS) 1841 Cass Ave

20. FILED MAY 27 1928 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27-1927

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1927, to May 25, 1927

I last saw h. alive on May 25, 1927. Death is said to have occurred on the date stated above, at 8:45 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma Larynx
47 A
107 A 47 A
Date of onset about me yr

Other contributory causes of importance: Chronic Pneumonia

Name of operation Date of

What test confirmed diagnosis? Specimen Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19.....

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James J. Smith, M. D.
577 (address) 3624 50 Ave

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.

