

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

Do not use this space.

34375

**1. PLACE OF DEATH**

County..... Registration District No.....  
Township..... Primary Registration District No.....  
City St. Louis (No. City Hospital)

File No. ....  
Registered No. 10324  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 2209a Franklin Ward. 21

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 27 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) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 8 - 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
44 8 17

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. 237

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) Austria 3

13. NAME George Kabalin

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

15. MAIDEN NAME Hanny (unknown)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

17. INFORMANT (ADDRESS) Hospital Information City Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE St Louis DATE 11-3 1922

19. UNDERTAKER (ADDRESS) Walter Richter

20. FILED NOV 22 1932 City Hospital Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 25th 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 23rd 1932 to Oct. 25th 1932  
I last saw him alive on Oct. 25th 1932 Death is said to have occurred on the date stated above, at 11.50 P.M.  
The principal cause of death and related causes of importance were as follows:

Date of onset  
Lobular pneumonia (left)  
59  
1070 59  
Other contributory causes of importance:  
Diabetic Coma  
Diabetes Mellitus

Name of operation None Date of.....  
What test confirmed diagnosis? Clinical Was there an autopsy? No

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? No  
If so, specify None  
(Signed) Maurice A. Necha, M. D.  
(Address) City Hospital

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

1900

1900

1900