

SEP 16 1935 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

791

27704

1003

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No.
Primary Registration District No.

File No.
Registered No.
St. Ward

2. FULL NAME

Baby Jablonski

(a) Residence, No.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug 6 - 35*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. *0 0 0 45*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *nil*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) *St. Louis Mo*

13. NAME *Jahn Jablonski*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis*

15. MAIDEN NAME *Agnes King*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis Mo*

17. INFORMANT (ADDRESS) *Hospital of St. Joseph City of St. Louis*

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE *Calvary Cem July 7 1935*

19. UNDERTAKER (ADDRESS) *Central and Co. 1841 Cass Ave.*

20. FILED *Aug - 7 1935* *J. Bredeck Registrar*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *8/6 1935*

22. I HEREBY CERTIFY, That I attended deceased from *8/6 1935* to *8/6 1935*

I last saw him alive on *8/6 1935*. Death is said to have occurred on the date stated above, at *6 am*.

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

Premature
Other contributory causes of importance: *159*

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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.

Character of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify *Ralph W. Barlow*

(Signed) *Ralph W. Barlow* M. D.
(Address) *City of St. Louis*

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.

