AUG 1 1936

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

Do not use this space.

28760

791

1003

File No. 7526

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis, Missouri (No. City Hospital No.1 St. Ward)

Registration District No.

Primary Registration District No.

B. 5794

2. FULL NAME John Jablonski

(a) Residence, No. Little Sister of the Poor St. Ward 16
(Usual place of abode) 3400 S. Grand Blvd. (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): widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar 6, 1870

7. AGE: 66 YEARS | MONTHS: 4 | DAYS: 11 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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): ? Unknown

FATHER

13. NAME: JOHN JABLONSKI

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): GERMANY

MOTHER

15. MAIDEN NAME: MARY-SKORTZ

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Hosp. Info. M.H. Kent City Hospital No.1

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Calvary DATE: 7/18/36, 19

19. UNDERTAKER (ADDRESS): Sullivan Und. Co 2849 No Euclid

20. FILED: JUL 17 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 7/16/36, 19

22. I HEREBY CERTIFY, That I attended deceased from 7/15/36, 19, to 7/16/36, 19

I last saw her alive on 7/16/36 Death is said to have occurred on the date stated above, at 8:30 a

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

Immunized (Left) Inguinal Hernia

Date of onset

Other contributory causes of importance: Sunstroke

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.

Manner of injury

Nature of injury

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

If so, specify

(Signed) John V Haslem M. D.

(Address) City Hospital No.1

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.