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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. FEB 8 1937 791 File No. 47169

Township ..... Primary Registration District No. 1003 Registered No. 958

City Saint Louis, Mo. (No. Isolation Hospital St. ..... Ward)

2. FULL NAME Sam Dubroske

(a) Residence, No. Infirmary City St., 13 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 15, 1860

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	76	3	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Day Laborer

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) Poland

FATHER

13. NAME Antonio Dubroski

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

MOTHER

15. MAIDEN NAME Katherine

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? Don't Know

17. INFORMANT (ADDRESS) MG. Barry Isolation Hospital

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE Jan. 29 1937

19. UNDERTAKER (ADDRESS) J. H. Gebken L & U Co. 2842 Meramec St.

20. FILED JAN 21 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-25-, 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-24-, 1936, to 12-25-, 1936

I last saw h. 1 ~~m~~ alive on 12-25-, 1936. Death is said to have occurred on the date stated above, at 10 00 P. m.

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

	Date of onset
Erysipelas facial	12-23-36
Chronic Myocarditis	
Auricular fibrillation	

Other contributory causes of importance: [signature]

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? .....
If so, specify .....

(Signed) [signature], M. D.
(Address) 5600 Arsenal

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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