JAN 10 1938

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

791

42849
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 1003
(b) Township ..... Primary Registration District No. ..... Registered No. 11099
(c) City St. Louis (d) Street No. City Hospital No.1 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
C. 12251

2. PRINT FULL NAME Joseph Kaszubowski
(a) Residence, No. 1317 Sarsfield St. 21
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Mary. Kaszubowski.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 15, 1865

7. AGE YEARS 72 MONTHS 9 DAYS 15 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as saw mill, bank, etc. nil
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) Germany 10

FATHER
13. NAME ? Joseph Kaszbowski.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

MOTHER
15. MAIDEN NAME Grocie?kowska.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany. 10

17. INFORMANT (ADDRESS) Hosp Info M.Kent

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemetery DATE 12/4/37, 19

19. FUNERAL DIRECTOR (ADDRESS) CENTRAL UNDERTAKING CO. 1841 Cass ave

20. FILED DEC 2 1937, 19 J F Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/30/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 11/19/37, 19 to 11/30/37, 19
I last saw her alive on 11/30/37, 19 Death is said to have occurred on the date stated above, at 7.05 a
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (non-traumatic)	

Other contributory causes of importance:
Generalized arteriosclerosis

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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) Charles M. Jessico, M. D.
(Address) City Hospital No.1

(Licensed Embalmer's Statement on Reverse Side)

WHITE 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.
I X12004

STATEMENT BY LICENSED EMBALMER

I, Albert H. Hoppe, Licensed Embalmer No. 1861

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Albert H. Hoppe

Licensed Embalmer No. 1861

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)