

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.

JAN 10 1938

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

42916
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. 791
(b) Township..... Primary Registration District No. 1000
(c) City St. Louis Mo. (d) Street No. St. Anthony Hospital Registered No. 11166
(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.

2. PRINT FULL NAME

John Palubiak
(a) Residence, No. 4715 Morganford Rd. St. 5015
(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) Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Catherine Palubiak
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 17 1867
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
70 5 15
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 21 2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria 3

FATHER 13. NAME George Palubiak
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria 3

MOTHER 15. MAIDEN NAME Susana Seliga
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria 3

17. INFORMANT Cecelia Palubiak
(ADDRESS) 4715 Morganford Rd.

18. BURIAL, CREMATION, OR REMOVAL
PLACES S.S. Peter & Paul DATE Dec 6 37

19. FUNERAL DIRECTOR Thos. Hutis
(ADDRESS) 2805 Gravois Ave.

20. FILED DEC 4 1937 J. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 2 1937

I HEREBY CERTIFY, that I attended deceased from Nov. 22 1937 to Dec 2 1937

I last saw him alive on Dec 2 1937. Death is said to have occurred on the date stated above, at 8:25 P.M.

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

Nephritis chr. Parenchy
Nephritis Date of onset 131

Other contributory causes of importance:

Name of operation Amputation Date of 40
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? No

If so, specify Integumentary M. D.
(Signed) 4718 Gravois Ave.
(Address)

STATEMENT BY LICENSED EMBALMER

I, THOMAS KUTIS, Licensed Embalmer No. 1619

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

L. E. 1619

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Thomas Kutis

Licensed Embalmer No. 1619

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.)