

REC'D JUN 9 1938

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

16726
Do Not use this space.**1. PLACE OF DEATH**

(a) County 1 Registration District No. 791
 (b) Township 1 Primary Registration District No. 1003
 (c) City Central Hospital. (d) Street No. 4536 Washington Ave. Registered No. 45587
 (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

(a) Residence, No. 5036 Genevieve St. 7 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 24 1877**

7. AGE YEARS **61** MONTHS **2** DAYS **20** If LESS than 1 day, hrs. or min. **3**

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. **House Wife**
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **Poland** (STATE OR COUNTRY)

13. NAME **Peter Urban.**

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

15. MAIDEN NAME **Unknown.**

16. BIRTHPLACE (CITY OR TOWN) **Poland** (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) **Jacob Banach (Husband) 5036 Genevieve.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cemetery** DATE **5/20/38**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Central Und. Co. 1841 Cass Ave.**

20. FILED **J. B. Bredich** Local Registrar.

MAY 19 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **5/17/38**, 19 **38**

22. I HEREBY CERTIFY, That I attended deceased from **5-16**, 19 **38** to **5-17**, 19 **38**

I last saw h. alive on **5-17**, 19 **38** Death is said

to have occurred on the date stated above, at **1 a.m.**

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

Asthenic Senescent Heart Disease
Myocardial Degeneration of Lung
No. 1. B.O. no Pneumonia

Date of onset?

5-15

Other contributory causes of importance:

Name of operation **Autopsy** Date of **5-17-38**

What test confirmed diagnosis? **Autopsy** 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? **No**
 If so, specify _____

(Signed)

(Address)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by,

Registered Apprentice No....., working under my personal supervision.

Signed

Robert W. Kapp

Licensed Embalmer No. *1861*

P. O. Address

4297 E. 1st

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.)

If this body is not embalmed, above space should be left blank.