

1938 OCT 12 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

791
1008

30609
Do not use this space.

8046

1. PLACE OF DEATH

(a) County Registration District No.
 (b) Township Primary Registration District No.
 (c) City St. Louis (d) Street No. Josephine Heitkamp Memorial Hospital 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.

2. PRINT FULL NAME

Albert Stachura

(a) Residence, No. 1726a South 10th St. St. 23
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 9, 1938 19

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

22. I HEREBY CERTIFY, That I attended deceased from

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 26, 1901

....., 19....., to....., 19.....

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
37 5 14

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 2:05 P.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Inspector
 9. Industry or business in which work was done, as law mill, bank, etc. Union Electric
 10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

The principal cause of death and related causes of importance were as follows:
Septicemia following 2nd degree burns of body suffered in manhole in center of street on Delmar between 5th and 6th Streets, about 11:30 o'clock A.M., August 31st, 1938. Accident.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Benedict Pennsylvania

Other contributory causes of importance:

FATHER 13. NAME Simon Stachura

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy yes

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

MOTHER 15. MAIDEN NAME Clara ?

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

17. INFORMANT Emil Stachura - Wife
 (ADDRESS) 1726a South 10th, St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Nathonal Cemetery DATE Sept. 13, 1938

19. FUNERAL DIRECTOR C. Hoffmeister U. & L. Co.
 (ADDRESS) 7814 S. Broadway, St. Louis, Mo.

20. FILED J. P. Buddeck Local Registrar.

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide accident Date of injury 8/31, 1938
 Where did injury occur? St. Louis, Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. industry
 Manner of injury See above
 Nature of injury see above

24. Was disease or injury in any way related to occupation of deceased? YES
 If so, specify Septicemia
 (Signed) Alfred Perry M. D.
 (Address) Deputy Corone

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CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, George W. Hoffmeister, Licensed Embalmer No. 2426
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 Geo. W. Hoffmeister
Licensed Embalmer No. 2426

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