

N.B.—Every item of information 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.

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

40353
 Do not use this space.

REC'D DEC 8 1938

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
 (b) Township _____ Primary Registration District No. 251
 (c) City PINE LAWN (d) Street No. DR. TIERNAN HOSP. Registered No. 1961
 (e) Length of residence in city or town where death occurred 9 yrs. mos. ds. (f) How long in U. S., if of foreign birth? 22 yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 140 ADAM SOBOL
1406 N. 9TH STR St. (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 MALE 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 FRANCES SOBOL

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC. 7. = 1875

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hr. or min.
	<u>62</u>	<u>11.</u>	<u>22</u>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. GEN. LABOR.
 9. Industry or business in which work was done, as 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 JOHN SOBOL
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) POLAND

MOTHER 15. MAIDEN NAME ROZALIA KOWALSKI
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) POLAND

17. INFORMANT (ADDRESS) Hella Steinhilber

18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY DATE DEC 3RD 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) BROCKLAND UND CO
1827 W. MORGAN STR

20. FILED DEC - 1 1938 19 DR Meyer M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOV. 30TH 1938

22. I HEREBY CERTIFY That I attended deceased from Nov. 24 1938 to Nov. 30 1938

I last saw him alive on Nov. 30 1938 Death is said to have occurred on the date stated above, at 5:40 a.m.

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

Chr. Cardio-Vascular-Renal disease. Date of onset ?
131
 Other contributory causes of importance:
General Anasarca. 11/24/38
Block Heart. "
Uremia- Uremic coma. "
 Name of operation None Date of _____

What test confirmed diagnosis? Clinical History and Lab. 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 Other 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 _____ M. D.
 (Signed) Dr. Luke B. ...
 (Address) 3718 Jennings St., St. Louis, Mo.

Patient seriously ill for 7 weeks prior to my first visit,
was under treatment of other Physician.

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,

John B. Brookland

or by *Me.*

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

Signed *John B. Brookland*

Licensed Embalmer No. *93.*

P. O. Address *ST. LOUIS MO.*

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.