

REC'D JUN 12 1939

 MISSOURI STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH
791  
1008
 17199  
 Do not use this space.  
 4733

## 1. PLACE OF DEATH

 (a) County ..... Registration District No. ....  
 (b) Township ..... Primary Registration District No. ....  
 (c) City St. Louis Mo. (d) Street No. Deaconess 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 Herbert Jaros
 (a) Residence, No. 3417 A Dunnic Ave. St. 16  
 (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) Married

 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary A Jaros.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 13 1908
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
31. 1. 10

 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Truck Driver

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) St. Louis Mo.
 FATHER 13. NAME Frank Jaros  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

 MOTHER 15. MAIDEN NAME Anna Mikes  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.
17. INFORMANT (ADDRESS) Mary A Jaros.  
3417 A Dunnic St.18. BURIAL, CREMATION, OR REMOVAL PLACE SunSet Burial Park May 27 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) Shos Kulis  
2906 Gravois Ave.20. FILED MAY 24 1939 J. B. Brubaker Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26, 193922. I HEREBY CERTIFY, That I attended deceased from 5-18-, 1939, to 5/24/, 1939
 I last saw him alive on 5/24/, 1939 Death is said to have occurred on the date stated above, at 6:05 a.m.  
 The principal cause of death and related causes of importance were as follows:
General Peritonitis

Date of onset

Other contributory causes of importance: Ruptured appendix
 Name of operation Appendectomy Date of 5/18/39  
 What test confirmed diagnosis? Operation 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) Carl Miller M. D.  
 (Address) 3115 S Grand Blvd  
St Louis

(Licensed Embalmer's Statement on Reverse Side)

WHILE FURNISHING 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 X10003

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.....

*Leo Berdke*  
.....  
working under my personal supervision.

Registered Apprentice No. ....

Signed *Leo Berdke*  
.....

Licensed Embalmer No. *3989*

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.