17 1939

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23252

Registration District No. 784 — Primary Registration District No. 200 — Registrar's No. 1078

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town Pine Lawn (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mother Of Good Council Home 3 1939 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 19 Th Of April (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo / (b) County St Louis Co

(c) City or town Pine Lawn Mo (If outside city or town limits, write "RURAL")

(d) Street No. 6825 Natural Bridge Road (If rural, give location)

(e) If foreign born, how long in U. S. A.? About 41 years.

3. (a) PRINT FULL NAME 145 Ottilia Jabolonski

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased September 27 Th 1859 (Month) (Day) (Year)

8. AGE: Years 79 ------ Months 8 -- Days 20 - If less than one day hr. min.

9. Birthplace Aldustin Germany (City, town, or county) (State or foreign country)

10. Usual occupation Retired Seamstress 6

11. Industry or business 6

FATHER
12. Name John Jabolonski 6
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elisabeth Orlopski
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Della W Brown

(b) Address 916 Buckanan Str. 1939

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 20 TH (Month) (Day) (Year)

(c) Place: burial or cremation GREEN LAWN CEM

18. (a) Signature of funeral director Edward Koch

(b) Address 3514 [illegible] St

19. (a) JUN 17 1939 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16 year 1939 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from 4/17/39, 19__, to 6/16/39, 19__; that I last saw her alive on 6/15/39, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Generalized arteriosclerosis.	?
Myocarditis.	?
Due to continued on reverse side	
Due to	
Other conditions -- (Include pregnancy within 3 months of death)	
Major findings: Of operations --	
Of autopsy --	

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) --

(b) Date of occurrence --

(c) Where did injury occur? -- (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other)

Address 3718 Jennings, Md. Date signed 6/17/39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39 1 X19511

Continued from reverse side

	Duration
Endocarditis Chr	?
Mitral insufficiency.	?
Senile dementia.	?

Secondary:

Mitral insufficiency decompensated.	4/17/39
Pulmonary congestion cause of failure right heart.	3 days.

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.....

Licensed Embalmer No. 1591

P.O. Address 4106 - Botania

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.