

Registration District No. **1003**

Primary Registration District No. _____

Registrar's No. **6000**

1. PLACE OF DEATH:
(a) County St. Louis Mo
(b) City or town St. Louis Mo
(c) Name of hospital or institution:
1705 So. 10th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community: 2 1/2 years
years, months or days)

3. (a) PRINT FULL NAME John J. Kubatko
3. (b) If veteran, name war World War
3. (c) Social Security No. Don't know

4. Sex Male 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 Feb 1907
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
abt. 48 hr. min.

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

10. Usual occupation Shoe worker

11. Industry or business _____

12. Name John J. Kubatko

13. Birthplace Ill.
(City, town, or county) (State or foreign country)

14. Maiden name Anna Zibicki

15. Birthplace Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mary Blank

(b) Address 3860 Page Blvd.

17. (a) Burial (b) Date thereof 7/8/39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director John Rassy

(b) Address 1101 79th St. East St. Louis Ill.

19. (a) 111 7 1939
(Date of local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County 23
(c) City or town St. Louis Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 1705 So 10th
(If rural, give location)
(e) If foreign born, how long in U. S. A? 2 1/2 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5th
year 1939 hour 12:10 minute A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death _____

Heat Exhaustion;

Due to (Heat Stroke)

Due to _____

Other conditions 191
(Include pregnancy within 3 months of death)

Major findings: 40

Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury? _____

28. Signature Joseph M. Pugh (M.D. or other) _____

Address Deputy Coroner Date signed 7/6

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

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.

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.....

Paul A. Keith

Licensed Embalmer No.

361

P. O. Address.....

2301 Lafayette

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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

23727

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. 791
(b) Township..... Primary Registration District No. 1009
(c) City St. Louis (d) Street No. Registered No. 6000
(e) Length of residence in city or town where death occurred yrs. mos. ds. (If death occurred in Hospital or Institution, write its name instead of street and number) St.
(f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

John YOKUBAITIS
(a) Residence, No. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED s (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7 5 1939

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

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19... 19...

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.
abt 48

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

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

Date of onset

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

Other contributory causes of importance:

13. NAME

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

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

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.

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE, 19...

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 9/2/39 19... J. F. Budek Local Registrar.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify (Signed) Joseph M. Quinn (Address) ...

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SUPPLEMENTARY

