JUL 18 1939

REC'D AUG 7 1939

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

26896
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis 1 Registration District No. 784
(b) Township Carondelet 2 Primary Registration District No. 20 Registered No. 1292
(c) or City Jefferson Barracks, (d) Street No. Station 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 256 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mike Kacmirsky
(a) Residence, No. St. Livingston, Illinois
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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. 96

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 3, 1888

7. AGE: Years 50 | Months 10 | Days 12 | If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Enrollee
9. Industry or business in which work was done, as saw mill, bank, etc. CCC
10. Date deceased last worked at this occupation (month and year) July 13, 1939
11. Total time (years) spent in this occupation 1/52

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

FATHER
13. NAME Unknown 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown 9

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

17. INFORMANT CCC Records, R. Sweeney
(ADDRESS) Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Olive Cemetery DATE July 18 1939

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

20. FILED JUL 18 1939 1939 [signature] Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15 1939

22. I HEREBY CERTIFY, That I attended deceased from July 13, 1939, to July 15, 1939
I last saw him alive on July 15, 1939 Death is said to have occurred on the date stated above, at 8:45Am.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Dementia praecox, paronoid type.	
111a	

Other contributory causes of importance:
Thrombosis, cardiac, of the right heart and pulmonary artery, cause undetermined.

Name of operation none Date of —
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury —
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) E. J. Kadlubowski M.D.
E. J. Kadlubowski, 1st Lt. Med-Res.
(Address) Jefferson Barracks, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.:.....

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.