. No. 2
-11-10-39
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 23417
5862

Registration District No. 791 Primary Registration District No. 1003 Registrar's No.

**1. PLACE OF DEATH:**

(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri-Pacific Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2338 Michigan Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME JOSEPH EDWARD DUBA

3. (b) If veteran, name war None
3. (c) Social Security No. 702-14-2043

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Theresa Duba
6. (c) Age of husband or wife if alive 36 years
7. Birth date of deceased July 6th, 1901 (Month) (Day) (Year)

8. AGE: Years 39 Months 0 Days 4 If less than one day hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Railroad Clerk
11. Industry or business (Mo-Pacific RR)
12. Name John Duba (Father)
13. Birthplace Bohemia (City, town, or county) (State or foreign country)
14. Maiden name Mary Komrska (Mother)
15. Birthplace Bohemia (City, town, or county) (State or foreign country)
16. (a) Informant Theresa Duba
(b) Address 2338 Michigan Avenue
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 13, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Old SS. Peter & Paul
18. (a) Signature of funeral director Wm C. Mogdell
(b) Address 1926 Allen Avenue
19. (a) JUL 12 1940 (Date received local registrar) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 10 year 1940 hour 12 minute 03 P.M.
21. I hereby certify that I attended the deceased from April 24, 1940 to 7/10/40, 19..; that I last saw him alive on 7/10/40, 19..; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Coronary Thrombosis | 3 mo |
| Due to | |
| 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 Charles C. Grace Jr (M. D.)
Address 1755 So. Grand Date signed 7/10/40

(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 Benj. C. Duncan

Licensed Embalmer No. 2272

P. O. Address 1926 Allen

**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.**