S. No. 2
1—4-13-40
v. 5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17749

Registration District No. 297 Primary Registration District No. 3016 Registrar's No. 45

36
6
2

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County FRANKLIN
(b) City or town WASHINGTON (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST FRANCIS HOSPITAL (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 HOURS (Specify whether years, months or days) In this community 4 DAYS

2. USUAL RESIDENCE OF DECEASED:
(a) State NEW JERSEY (b) County Unknown 999
(c) City or town JERSEY CITY (If outside city or town limits, write "RURAL") 28 C
(d) Street No. 304 6th St. (If rural, give location)
(e) If foreign born, how long in U. S. A.? Unknown years.

3. (a) PRINT FULL NAME STANLEY SOBIESKI
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife KAROLINA
6. (c) Age of husband or wife if alive 36 years
7. Birth date of deceased AUGUST (Month) 16 (Day) 1907 (Year)

8. AGE: Years	Months	Days	If less than one day
33	8	15	hr. min.

9. Birthplace POLAND (City, town, or county) POLAND (State or foreign country)
10. Usual occupation PONY RIDE OPERATOR
11. Industry or business TRAVELING AMUSEMENT SHOWS
FATHER
12. Name JOHN SOBIESIAK
13. Birthplace UNKNOWN (City, town, or county) POLAND (State or foreign country)
MOTHER
14. Maiden name EMILIA MICHALSKA
15. Birthplace UNKNOWN (City, town, or county) POLAND (State or foreign country)
16. (a) Informant JOHN SOBIESIAK
(b) Address 304 6th St. JERSEY City, NJ
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof MAY 14-41 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Mo.
18. (a) Signature of funeral director Otto Fler
(b) Address Washington Mo.
19. (a) May 13-1941 (Date received local registrar) (b) H. A. May (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1st year 1941 hour 4 minute 40 P.M.
21. I hereby certify that I attended the deceased from May 1st, 1941, to May 1st, 1941, that I last saw him alive on May 1st, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia — Duration One Day
Due to Probable Perforating Pulmonary Tuberculosis
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 E. Sutton RS (M. D. ~~coroner~~)
Address 115 Elm St. Washington Mo. Date signed 4/2/41

(Licensed Embalmer's Statement on Reverse Side)

JAN 2 1942

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. 2464

P. O. Address Washington W.

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, fact should be so stated above.