

Registration District No. 10

Primary Registration District No. 200

1. PLACE OF DEATH:

(a) County. St. Louis  
(b) City or town. Koch  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Robert Koch Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 2 months  
In this community. 25 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. 000  
(c) City or town. St. Louis (If outside city or town limits, write "RURAL") 17  
(d) Street No. 2503a Dodier (If rural, give location) 9  
(e) Citizen of foreign country? Unknown Born in Germany  
If yes, name country. Has been in U.S. 39 years

3. (a) PRINT FULL NAME PAUL TAMBORSKI

3. (b) If veteran, name war. No 3. (c) Social Security No. Unknown

4. Sex. M 5. Color or race. W 6. (a) Single, widowed, married, divorced. D.S

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

7. Birth date of deceased. Oct 14 1897  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
44 5 29 hr. min.

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

10. Usual occupation. Painter

11. Industry or business. Furniture Finishing

12. Name. Bruno Tamborski

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

14. Maiden name. Mary Gargash

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

16. (a) Informant. Hospital Records  
(b) Address. Robert Koch Hospital

17. (a) Burial (b) Date thereof. Apr. 16 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Calvary Cemetery

18. (a) Signature of funeral director. V. J. Ambrosewicz

(b) Address. 5401 S. Grand Blvd.

19. (a) APR 15 1942 (b) E. J. McShannon  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. April day 13  
year. 1942 hour 8 minute 55 A. M.

21. I hereby certify that I attended the deceased from February  
Thurs. Feb. 1942 to April 13 1942  
that I last saw him alive on April 13 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death. Tuberculosis of lungs Duration 2 yrs.

Due to.....

Due to..... 12/31

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

Major findings: Of operations.

Of autopsy. Deixed

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?

While at work? (Specify type of place) (e) Means of injury 8

23. Signature. Robert C. Sweet (M. D. or other) 8

Address. Robert Koch Hospital Date signed. 4/13

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

96  
000

707 IMBEROWITZ (Licensed Embalmer's Statement on Reverse Side)

7743

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**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..... *Henry W. Wilkinson*

Licensed Embalmer No..... *3575*

P. O. Address.....

**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.**