S. No. 2
M—5-42
v. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 21 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32103

Registration District No. 318 Primary Registration District No. Registrar's No. 8266

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

1. PLACE OF DEATH:
(a) County
(b) City or town Sh. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Sh. John's O. 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: 1003 000
(a) State Mo. (b) County 17 19
(c) City or town Sh. Louis 9
(If outside city or town limits, write "RURAL")
(d) Street No. 4358 Foresh Park Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME James William Kaplanek
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Male 0
5. Color or race white
6. (a) Single, widowed, married, divorced single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug. (Month) 17th (Day) 1942 (Year)

8. AGE: Years 0 Months 1 Days 17 If less than one day hr. min.

9. Birthplace Sh. Louis (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation
11. Industry or business Infant
FATHER
12. Name William Kaplanek
13. Birthplace South Bend (City, town, or county) Indiana (State or foreign country)
MOTHER
14. Maiden name Mildred Chandler
15. Birthplace Sh. Louis (City, town, or county) Mo. 0 (State or foreign country)
16. (a) Informant William Kaplanek
(b) Address 4358 Foresh Park Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-7-42 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park
18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway
19. (a) OCT 6 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 4th year 1942 hour 7:30 minute P. M.
21. I hereby certify that I attended the deceased from Sept 27, 1942, 19 to Oct. 4, 1942 that I last saw him alive on Oct 4, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Malnutrition	
Due to Pyloric stenosis	about 2 weeks
Due to 1578	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Pyloric stenosis	

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 0
23. Signature Robert S. Nye (M. D. or other) M. D.
Address 3201 Arsenal St. Date signed 10-5-42

(Licensed Embalmer's Statement on Reverse Side)

Robert S. Nye M.D.
3201 Arsenal St. 10-11
La 3234 2-3

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 Edwin D. McDermott

Licensed Embalmer No. 3024

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.