S. No. 2
M—5-42
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I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 16 1943

Registration District No. 818

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 4941

Registrar's No. 1207

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis Mo.,
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Betheseda Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 hr (Specify whether
In this community Life.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 12

(c) City or town St. Louis, Mo. 915
(If outside city or town limits, write "RURAL")

(d) Street No. 4725 a Ray Ave.,
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Felix Wrablik

3. (b) If veteran, name war

3. (c) Social Security No. 490-01-3218

4. Sex Male

5. Color or race 0 White

6. (a) Single, widowed, married, divorced 1 Married

6. (b) Name of husband or wife Katherine

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased June 27th 1892
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
50	7	6	hr. min.

9. Birthplace St. Louis, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Milk Salesman

11. Industry or business Milk

FATHER
12. Name Joseph Wrablik
13. Birthplace Austria 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Kudachek
15. Birthplace Austria 4
(City, town, or county) (State or foreign country)

16. (a) Informant Katherine Wrablik
(b) Address 4725a Ray Ave.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/8/43 (Month) (Day) (Year)
(c) Place: burial or cremation N. S. S. Peter & Paul

18. (a) Signature of funeral director John S. Ziegenhein & Sons
(b) Address 7207 Gravois Ave.

19. (a) FEB 6 1943 (Date received local registrar) (b) Jos. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 3rd
year 1943 hour 5 minute 10 A M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage caused from crushing the pubic bone, and laceration of the bladder, when he tried to board a moving truck which he had been operating, and was pinned between said truck and a telephone pole in front of 7500 St. Charles Rock Road about 4:00 o'clock AM., February 3, 1943. ACCIDENT.

Duration

Due to

Due to

Other conditions 60
(Include pregnancy within 3 months of death)

Major findings:
Of operations 176
Of autopsy 27

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) ACCIDENT 000

(b) Date of occurrence 2/3/1943

(c) Where did injury occur? 7500 St. Charles Rock Rd
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? public pla.
(Specify type of place)

While at work? (e) Means of injury

23. Signature Wred Perry 3 (M. D. or other)
Address [illegible] Date signed 2/6/43

(Licensed Embalmer's Statement on Reverse Side)

MAR 30 1943

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 E. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Gravois

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.