

FILED APR 25 1943

Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 3547

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:  
1954 Semple Avenue  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Stanislaus J. Tabor Home  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1954 Semple Ave.,  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME STANISLAUS JACOB TABOR

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 489-03-2137

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary-Ann Tabor 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased May 8th - 1882  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
60 11 5 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Machine-operator

11. Industry or business Curtis Wright Co.

12. Name Anthony Tabor

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

14. Maiden name Rozalie Krejewska

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

16. (a) Informant Mrs Mary Tabor

(b) Address 1954 Semple Ave.,

17. (a) Burial (b) Date thereof 4-17-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Central Und. Co.  
(b) Address 1841- Cass Ave.

19. (a) APR 15 1943 (b) J. F. Predeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13th  
year 1943 hour 10:30-P.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 5/15/42  
to 4/13/ 19 43 to date of death, 19 43

that I last saw him 4-13 on 1943, 19 \_\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Myo-Carditis-  
Chro- Coronary Sclerosis.  
Sec: Angina - Pectoris

Due to Died in attack of Angina.

Due to As above.

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations None

Of autopsy None

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)  
(c) Means of injury D

23. Signature Dr. Luke B. Trimble (M. D. or other)  
Address 3718 Jerome Rd. Date signed \_\_\_\_\_

Duration 2 yrs.  
6 mo.  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

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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 *G. 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, above space should be left blank.**