

S. No. 2
M-2-43
5-17-43
-I X 339

32599

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED OCT 2-1943

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 2187

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town South Afton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Route No 6, Sappington Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis 096

(c) City or town _____
(If outside city or town limits, write "RURAL")

(d) Street Route 6 Sappington Mo.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME OTILIA PALUBIAK

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 26
year 1943 hour 8 15 AM minute _____ M.

4. Female 5. Color or race White

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

6. (b) Name of husband or wife Gus Palubiak 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased Dec 27 1896
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 2 1943 to Sept 26 1943
(that I last saw h. _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

46 8 30 _____ hr. _____ min.

Immediate cause of death: Carcinoma of left lung - Stomach & duodenum intussusception

Due to al tract

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

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy _____

10. Usual occupation At Home

11. Industry or business Housewife.

MOTHER FATHER

12. Name Albert Fritz

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

14. Maiden name Augusta Schmidt (City, town, or county) (State or foreign country)

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

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 _____

16. (a) Informant Gus Palubiak

(b) Address Route 6 Sappington Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 28/43
(Month) (Day) (Year)

(c) Place: burial or cremation SunSat Burial Park

18. (a) Signature of funeral director Thos. J. & Son

(b) Address 2906 Gravois Ave.

23. Signature Walter F. Kelly (M. D. or other) _____

Address 9415 Shawnee Date signed 9/29/43

19. (a) SEP 29 1943 (Date received local registrar) (b) W. McLawrence (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

76
00

PHYSICIAN
Underline the cause to which death should be charged statistically.

47d

DEC 27 1949

Dr. Kelly
9718 Harvard

HU 0330
2-3 PM

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..... *David Van Fossan.*

Licensed Embalmer No. *4342*

P. O. Address *2906 Harvard*

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.