S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

36998

State File No.

FILED DEC 3 1943

Registration District No. 1818

Primary Registration District No. 1003

Registrar's No. 10159

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:
2210 South 11th /
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED: 007

(a) State Missouri (b) County 17

(c) City or town St Louis 923
(If outside city or town limits, write "RURAL")

(d) Street No. 2210 S 11th St.
(If rural, give location)

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

If yes, name country 1

3. (a) PRINT FULL NAME MICHAEL TABOR

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Christina Tabor

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

7. Birth date of deceased April 3rd 1864
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
79	7	16	hr. min.

9. Birthplace Hungary (City, town, or county) 4 (State or foreign country)

10. Usual occupation Day Laborer

11. Industry or business St Louis Cordage Co.

FATHER
12. Name Nicholas Tabor
13. Birthplace Hungary (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Barbara Koenig
15. Birthplace Hungary (City, town, or county) 4 (State or foreign country)

16. (a) Informant Chrisitna Tabor
(b) Address 2210 S 11th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 22 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Old S. S. Peter & Paul

18. (a) Signature of funeral director Thos Kuttenkeuler
(b) Address 2906 Gravois Ave.

19. (a) NOV 19 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 19 year 1943 hour 5 15 A.M. minute M.

21. I hereby certify that I attended the deceased from Aug 17 1943 to Nov 19 1943; that I last saw him alive on Nov 19 1943; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebrovascular hemorrhage	8 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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

23. Signature J. Mahundegong (M. D. or other) MW
Address 2001 Ave Date signed 11/19/43

(Licensed Embalmer's Statement on Reverse Side)

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 Forman

Licensed Embalmer No. 4242

P. O. Address 2906 Geavoi

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.