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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 30 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19724

State File No. 19724

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 5676

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital
Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Days (Specify whether years, months or days)
In this community 0

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 2577
(If outside city or town limits, write "RURAL")
(d) Street No. 625 So. Broadway 9
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Poland

3. (a) PRINT FULL NAME GERBALKA, KOST

3. (b) If veteran, name war 0

3. (c) Social Security No. 494-09-9175

4. Sex MALE

5. Color or race White

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

6. (b) Name of husband or wife 0

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

7. Birth date of deceased MAY (Month) 25 (Day) 1888 (Year)

8. AGE: Years 56 | Months — | Days 26 | If less than one day hr. min.

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

10. Usual occupation ELEVATOR OPERATOR

11. Industry or business GRAHAM PAPER Co.

FATHER
12. Name U.K.
13. Birthplace (City, town, or county) U.K. (State or foreign country) U

MOTHER
14. Maiden name U.K.
15. Birthplace (City, town, or county) U.K. (State or foreign country) U

16. (a) Informant Ruby Nation
(b) Address 1515 Lafayette

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 24 1944 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Eugene Kelly
(b) Address 4286 Lindell

19. (a) JUN 23 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21 year 1944 hour 8:45 minute P. M.

21. I hereby certify that I attended the deceased from June 17, 1944, to June 21, 1944; that I last saw him alive on June 21, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar Pneumonia	
Due to	
Due to 108	
Other conditions Agranulocytosis (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 [illegible] (M. D. or other)
Address 1515 Lafayette Avenue Date signed 6/22/44

(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 James A. Lammers

Licensed Embalmer No. 4141,42

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.