

FILED JUL 26 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6367

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
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 12
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 725
(d) Street No. 1436a Cass Ave.
(If rural, give location) _____
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Frances Domback (Dombek)
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 16th
year 1944 hour 1 minute 50 A.M.
21. I hereby certify that I attended the deceased from July 10th
19 44 to July 16th 19 44
that I last saw h. er alive on July 16th 19 44
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Roman Domback 6. (c) Age of husband or wife if alive 1889 years

Immediate cause of death arteriosclerotic heart disease
Due to unexplained jaundice 3-4 da
Due to _____

7. Birth date of deceased June 12, 1889
(Month) (Day) (Year)

Other conditions (Include pregnancy within 3 months of death) 72

8. AGE: Years 55 Months 1 34 If less than one day hr. min.

Major findings:
Of operations none
Of autopsy none
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Joseph Malon

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

14. Maiden name Mary Sliwinski

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

16. (a) Informant Josephine Halton

(b) Address 1624 N. 14th. Street

17. (a) Burial (b) Date thereof 7/20/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c). Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director General Funeral Home Inc.

(b) Address 2233 University Street

19. (a) JUL 19 1944 (Date received local registrar) J. F. Mueck (Registrar's signature)

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? _____ (c) Means of injury _____
23. Signature D. J. Verda (M, P, or other) 7/17/44
Address 1516 Lafayette Date signed _____

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

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 Howard P. Rowland

Licensed Embalmer No. 3114

P. O. Address O'Leary Md

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.