S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED DEC 28 1945

State File No. 39163

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10980

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Enroute to City Hospital #1 3
(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:

(a) State Missouri (b) County

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

(d) Street No. 5436 Lisette Avenue
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME ~~JOHN~~ JOSEPH PAUL GABRIS

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 Anna Gabris

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased July 25, 1879 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
66	4	20	hr. min.

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

10. Usual occupation Laborer

11. Industry or business

12. Name Adam Gabris

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

14. Maiden name Eva Sterba

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

16. (a) Informant Anna Gabris

(b) Address 5436 Lisette Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/18/1945 (Month) (Day) (Year)

(c) Place: burial or cremation New SS. Peter & Paul

18. (a) Signature of funeral director Wm. A. Mogdell

(b) Address 1926 Allen Avenue

19. (a) DEC 17 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 15th year 1945 hour 4 minute 10 P.M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h. alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary thrombosis	
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 Alfred Berry (M. D. or other)

Address Date signed 12/17/45

(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 Benj. C. Duncan

Licensed Embalmer No. 2272

P. O. Address 1926 Allen Avenue

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.

State of Mo } ss.
City of St. Louis }

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 37

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 10980

On this 27 day of Dec, 1945, before me appears Wm C. Mozdell who, upon his oath, states that the original record of ~~birth~~ death for Joseph Paul Gabris ~~died~~ ~~born~~ died 12-15, 1945, in the State of Missouri, and which was filed at ..... on ....., 19....., should be corrected as follows:

Item No. 3 should read Joseph Paul Gabris

Instead of John Paul Gabris

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Corrected 12/27/45

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Wm C. Mozdell

Funeral director
Relationship.

1926 Allen Ave.
Present Address.

Subscribed and sworn to before me this 27 day of Dec, 1945.

My Commission expires 3/4/49

Earl C. Paddock
Notary Public.