S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 13 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 512

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1131

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: City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3yrs 8mos 24ds (Specify whether years, months or days)
In this community not known

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. 5400 Arsenal St
(If rural, give location)
(e) Citizen of foreign country? Czechoslovakia (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ANDREW KLOBUKIA

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 widowed

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased Do not know—about 1868 (Month) (Day) (Year)

8. AGE: Years about 78 Months Days If less than one day hr. min.

9. Birthplace not known (City, town, or county) Czechoslovakia (State or foreign country)

10. Usual occupation not known

11. Industry or business

FATHER
12. Name not known
13. Birthplace not known (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name not known
15. Birthplace not known (City, town, or county) (State or foreign country)

16. (a) Informant Thelma A Ziegler
(b) Address 5400 Arsenal St

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2-2-46 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Cullen-Kelly
(b) Address 4386 Lindell

19. (a) FEB 2 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 31 year 1946 hour 6:45 minute A. M.

21. I hereby certify that I attended the deceased from July 1, 1945 to January 31, 1946 that I last saw him alive on January 31 46; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of the stomach	1942x
Generalized Arteriosclerosis	1942x
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Yes

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 Cyrus Packer (M. D. or other) M.D.
Address 5400 Arsenal St Date signed 1/31/46

(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 G. Lammers

Licensed Embalmer No. 4142

P. O. Address St Louis

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.