S. No. 2
M—5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 11 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

4038

State File No. 267

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. ~~263~~

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
700 North Price Road
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Olivette 0
(If outside city or town limits, write "RURAL")

(d) Street No. 700 No. Price Road 0
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME ALICE A. Jablonsky

3. (b) If veteran, name war None

3. (c) Social Security No. 488-10-1085

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased March 24, 1910.
(Month) (Day) (Year)

8. AGE: — Years	Months	Days	If less than one day
35.	10.	6.	hr. min.

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

10. Usual occupation Beautitian..

11. Industry or business

FATHER
12. Name Arthur Theodore Jablonsky.
13. Birthplace Cleveland, Ohio.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Eugenia Ellen Reeb.
15. Birthplace Floriasant, Missouri.
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur T. Jablonsky.
(b) Address 700 N. Price Road.

17. (a) Entombment. (b) Date thereof 2/2/46.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Mausoleum.

18. (a) Signature of funeral director C.R.Lupton & Sons.
(b) Address 7233 Delmar Blvd.,

19. (a) 2-2-46 (b) E.B. McGovern M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 30
year 1946 hour 6:40 minute P. M.

21. I hereby certify that I attended the deceased from June 12, 1944 to Dec 3, 1945
that I last saw her alive on Dec 3, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of ovary	
Due to	
490	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Carcinoma of ovary
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 F. P. McNally (M. D. or other)
Address 4932 Maryland Date signed 1/31/46

(Licensed Embalmer's Statement on Reverse Side)

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

2126

JAN 3 1955

Dr. J. McNalley
4932 Maryland
RO 4320
2 to 4 P.M.

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 Don Paul Marler, Registered Apprentice No. 381, working under my personal supervision.

Signed Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address University City, M

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.