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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED OCT 16 1946

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8533

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

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

(c) Name of hospital or institution:  
Lutheran Hospital  
(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 Mo. (b) County oao

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 10/7

(d) Street No. 4545 Lexington Ave.  
(If rural, give location) 9

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Thomas Palku

3. (b) If veteran, name war None

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 2nd  
year 1946 hour 2:15 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from 6/24/44  
19\_\_\_\_, to 10-2-46  
that I last saw him alive on 10/1  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Marie Palku

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased Aug. 27 1888  
(Month) (Day) (Year)

Immediate cause of death Hypertension Duration 3 yrs

Due to Coronary artery

Site Myocardial infarction

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years Months Days If less than one day

58 1 5 hr. min.

Major findings: PH

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

10. Usual occupation Chef

11. Industry or business Anderson Air Activities

12. Name George Palku

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

14. Maiden name Sida Dragues

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

16. (a) Informant Marie Palku

(b) Address 4545 Lexington Ave.

17. (a) Burial (b) Date thereof 10 5 46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Kriegshauser Und. Co.

(b) Address 4228 So. Kingshighway Bl.

19. (a) OCT 4 1946 (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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Wm. B. Kowaty M. D. or other \_\_\_\_\_  
Address 415 Lister Bldg Date signed 10/3/46

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

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**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

*Edwin M. Bennett*

Licensed Embalmer No.....

*3024*

P. O. Address.....

**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.**