

S. No. 2  
OM-5-43  
Rev. 5-17-39  
I X36871

FILED MAY 14 1947

Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3100 N. Broadway  
(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)

3. (a) PRINT FULL NAME John Jacob Dombroski  
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 Mary Dombroski 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased \_\_\_\_\_ (Month) (Day) (Year)

8. AGE: Years abt 72 Months - Days - If less than one day hr. 4 min. -

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

10. Usual occupation Deamster

11. Industry or business \_\_\_\_\_

12. Name John Dombroski

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

14. Maiden name unknown

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

16. (a) Informant Mrs. Walter Gunn  
(b) Address 1922 E. Adelaide Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 3, 1947 (Month) (Day) (Year)  
(c) Place: burial or cremation Catholic Cemetery

18. (a) Signature of funeral director Chas. A. Bull  
(b) Address 4452 Washington Blvd.

19. (a) MAY 2 1947 (Date received local Registrar) J. T. Gredek (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 2600  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3100 N. Broadway  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month April day 28 year 1947 hour 5 minute 04 a.m.

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

Immediate cause of death \_\_\_\_\_  
Due to Crown Occlusion  
Crown Sclerotic  
Due to 94  
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? \_\_\_\_\_

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

23. Signature Patrick E. Taylor (M., D. or other) \_\_\_\_\_  
Address Deputy Coroner Date signed 5-2-47

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

*John Ketter*

Licensed Embalmer No.

3880

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.**