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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 8 1947
#38614 878

Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 100

State File No. 29571

Registrar's No. 2232

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: St. Louis City Hospital-Max C. Starkloff
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 18 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0-0-0

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5800 Arsenal St., 9
(If rural, give location)
Memorial

(e) Citizen of foreign country? 13 ? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME TONY SUPER

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 single

6. (b) Name of husband or wife

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

7. Birth date of deceased January (Month) 1st (Day) ? (Year)

8. AGE: Years abt - 62? Months Days If less than one day hr. min.

9. Birthplace Poland 4
(City, town, or county) (State or foreign country)

10. Usual occupation Unknown

11. Industry or business

FATHER
12. Name James Super
13. Birthplace Poland 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Unknown
15. Birthplace Poland 4
(City, town, or county) (State or foreign country)

16. (a) Informant M. Renard
(b) Address St. Louis City Hospital.

17. (a) Anatomical Board (b) Date thereof 9-21-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Louis

18. (a) Signature of funeral director W. Richter
(b) Address 3500 Rutger St

19. (a) AUG 29 1947 (b) J. F. Bredick
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 13th
year 1947 hour 5:00 minute A M.

21. I hereby certify that I attended the deceased from 8/6/47
, 19 , to Aug. 13th 1947
that I last saw him alive on Aug. 13th 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the Urinary Bladder

Due to

Due to 52

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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 0

23. Signature Albert M Repetto MD (M. D. or other)

Address 1515 Lafayette Date signed 8/13/47

Jefferson City Printing Co.

(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 Howard R Rowland

Licensed Embalmer No. 3114

P. O. Address Thomas Md

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.