No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 23 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 32711

Registrar's No. 8706

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

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: 6945 Arthur Ave. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 50 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 500

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

(d) Street No. 6945 Arthur Ave. 9
(If rural, give location)

(e) Citizen of foreign country? 3 (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Charles Labitska Sr.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widower 2

6. (b) Name of husband or wife Annie

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased OcT. (Month) 16th (Day) 1878 (Year)

8. AGE:

Years	Months	Days	If less than one day
68	10	28	hr. min.

9. Birthplace Dont Know (City, town, or county) Michigan (State or foreign country) 1

10. Usual occupation Clerk-Terminal Railroad

11. Industry or business

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

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

16. (a) Informant Mary Labitska
(b) Address 6945 Arthur Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-17-47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd

19. (a) SEP 16 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 14, year 1947 hour 8 minute 10 A. M.

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

Immediate cause of death Coronary Occlusion

Due to Coronary Sclerosis

Due to

Other conditions (Include pregnancy within 3 months of death) 14

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 3

23. Signature Patrick E. Taylor (M. D. or other)

Address Day E Date signed 9/16/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Cremation

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.