V. S. No. 2
50M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43228

FILED JAN 9 1948 Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11864

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: City Hospital No. 1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution approx. 12 hrs (Specify whether
In this community 50years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 1107 a Tyler St. (If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Poland

3. (a) PRINT FULL NAME Josephine (Jozefa) Lada
3. (b) If veteran, name war ----
3. (c) Social Security No. 489-07-5425
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Adam Lada -Deceased
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan (Month) 2 (Day) 1884 (Year)

8. AGE: Years 63 | Months 11 | Days 26 | If less than one day ----- hr. min.

9. Birthplace (City, town, or county) Poland (State or foreign country)
10. Usual occupation Assorter of Rags
11. Industry or business Aarron Ferrer Co.
FATHER
12. Name Joseph Dziamba
13. Birthplace (City, town, or county) Poland (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Poland (State or foreign country)
16. (a) Informant Paul Lada
(b) Address 1107 a Tyler St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 31/47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Brockland Uwd Co
(b) Address 1827 Hogan St.
19. (a) DEC 29 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 28 year 1947 hour 12 minute 50 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 Cerebral Apoplexy

Due to

Due to

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 3

23. Signature [signature] (M. D. or other)
Address Date signed 12/28/47

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 John S. Demeby

Licensed Embalmer No. 4194

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.