No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 13 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2662

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1059

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

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 3400 Meramec str (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)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County 000
(c) City or town St Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 3400 Meramec Str (If rural, give location) 9
15 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Stanley Jablonowski
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 W 21
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb (Month) 16 (Day) 1882 (Year)

8. AGE: Years 65 Months 11 Days 17 If less than one day hr. min.

9. Birthplace St Louis Mo (City, town, or county) (State or foreign country)
10. Usual occupation Post Office Clerk
11. Industry or business

FATHER
12. Name Anthony Jablonowski
13. Birthplace Poland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Frances Jablonowski
15. Birthplace Poland (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. F Brimmer
(b) Address 3400 Meramec
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/4/48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Central Und Co
(b) Address 1841 Cass ave
19. (a) FEB 2 1948 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 1st year 1948 hour 7 minute 10 A.M.

21. I hereby certify that I attended the deceased from 5 Sept 1947 to Feb 1st 1948 that I last saw him alive on 23 Jan 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Ruptured Esophageal Varicose veins — Duration —
Due to: Varicose veins of esophagus — 1 yr.
Due to: Hypertrophic Cirrhosis Liver — 1 yr.
Other conditions (Include pregnancy within 3 months of death): Cardiac Nephritis Heart disease

Major findings:
Of operations: Not
Of autopsy: Not done

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

23. Signature Gellen D Dunaway (M. D. or other) MD
Address 4304 Virginia Date signed 2-7-48

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 Geo. W. Wilkinson

Licensed Embalmer No. 3575

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.