

No. 300  
-10-47  
5-17-39  
P I 3906

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

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

10311  
State File No. 2885  
Registrar's No.

FILED APR 3 1948

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis, Missouri  
(b) City or town St. Louis  
(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 Memorial  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 months  
In this community 50 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000  
(c) City or town St. Louis 17  
(d) Street No. 5557 Greer Ave. 9  
Memorial (If rural, give location)  
(e) Citizen of foreign country? (Yes or No) 0  
If yes, name country

3: (a) PRINT FULL NAME Frank Jablonski

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex O M. 5. Color or race W. 6. (a) Single, widowed, married, divorced W. 2  
6. (b) Name of husband or wife Elizabeth Jablonski 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased Nov. 30th., 1862  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
85 3 23 hr. min.

9. Birthplace Poland 4  
(City, town, or county) (State or foreign country)  
10. Usual occupation Grain Elevator Laborer

11. Industry or business  
12. Name Frank Jablonski  
13. Birthplace Poland 4  
14. Maiden name Katherine Unknown  
15. Birthplace Poland 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. John Jablonski  
(b) Address 5557 Greer Ave.  
17. (a) Burial (b) Date thereof 3-26-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly  
(b) Address 3840 Lindell Blvd.  
19. (a) MAR 24 1948 (Date received local registrar)  
J. J. Breda (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23rd year 1948 hour 10 minute 50 P.M.  
21. I hereby certify that I attended the deceased from March 23rd, 1948 to March 23rd, 1948 that I last saw him alive on March 23rd, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis Duration 3 days  
Due to Arteriosclerosis  
Due to Cerebral Thrombosis 3 months  
Other conditions Cerebral Thrombosis (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) (e) Means of injury  
23. Signature Joseph E. Elder, M.D. 1516 Lafayette 3/24/48 (Date signed)  
Address Date signed

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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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Luella

**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.**