

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

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28382

FILED SEP 7 1948

3063

Registrar's No. 2054

Registration District No. 397

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Louis Co Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis

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

(d) Street No. 4932 Bonita Avenue
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Frank George Kubasta

3. (b) If veteran, name war WWI # 2 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 May 15 1916
(Month) (Day) (Year)

8. AGE: Years 32 Months 3 Days 14 If less than one day hr. _____ min. _____

9. Birthplace St Louis (City, town, or county) (State or foreign country)

10. Usual occupation Sheet Metal Worker

11. Industry or business _____

12. Name Joseph Kubasta

13. Birthplace St Louis (City, town, or county) (State or foreign country)

14. Maiden name Mraz

15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Joseph C Kubasta

(b) Address 4234 Bater St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9/1/48 (Month) (Day) (Year)

(c) Place: burial or cremation Laurel Hill Cemetery

18. (a) Signature of funeral director John L Ziegenhein & Sons

(b) Address 7027 Gravois Avenue

19. (a) 8/30/48 (Date received local registrar) (b) Cecil A Z Sharp M D (Registrar's signature) MSA

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 29 year 1948 hour _____ minute _____ M.

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

Immediate cause of death Multiple compound fractures, with compound fractures of skull and face; passenger in plane which collided with another plane and crashed into Meramec River

Due to _____ Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____ Of autopsy as above

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence August 29 1948

(c) Where did injury occur? Fenton Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Plane which crashed into Meramec River

(e) Means of injury Blunt impact

23. Signature Ronald J. Willmann (Specify type of place) (City or town) (County) (State) Address Clayton, Mo. Date signed 8/30/48

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

MOTHER FATHER

PHYSICIAN Underline the cause to which death should be charged statistically.

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.....

Licensed Embalmer No.....

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.

o. 300
10-47
17-39
3908

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30154

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. _____

1. PLACE OF DEATH:

(a) County of St. Louis
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis Co. Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME FRANK GEORGE KUBASTA
3. (b) If veteran, name war #2
3. (c) Social Security No. _____

4. Sex M 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 May 15, 1916
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
32 3 14 hr. _____ min.

9. Birthplace: St. Louis (City, town, or county) (State or foreign country)

10. Usual occupation: Sheet metal worker

11. Industry or business _____

12. Name Joseph F. Kubasta

13. Birthplace St. Louis (City, town, or county) (State or foreign country)

14. Maiden name Mraz

15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Joseph C. Kubasta

(b) Address 4234 Bater St.

17. (a) _____ (b) Date thereof 9-1-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Laurel Hill Cemetery

18. (a) Signature of funeral director John L. Ziegenhein
& Sons

(b) Address 7027 Gravois Ave.

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. 4932 Bonita Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 29
year 1948 hour _____ minute _____ M.

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

Immediate cause of death multiple compound fractures, with compound fractures of skull and face; passenger in plane ~~xxx~~ which collided with another plane and crashed into Meramec River
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings: Of operations _____

Of autopsy As above
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) Accident

(b) Date of occurrence August 29, 1948

(c) Where did injury occur? Fenton, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Plane which crashed into Meramec River

While at work? _____ (e) Means of injury Blunt impact
(Specify type of place) (M. D. or other)

23. Signature Arnold J. Willmann (M. D. or other)
Address Dayton, Mo. Date signed 9/2/48

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

MOTHER FATHER

28382

OCT 18 1948

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 *Francis Dorn*

Licensed Embalmer No. *2245*

P. O. Address *St. Louis 240*

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.

Registration District No. 317

Primary Registration District No. 3063

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether

In this community _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME Frank G. Kubasta

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased May 15 1915
(Month) (Day) (Year)

8. AGE: Years 32 Months _____ Days _____ (If less than one day, hr. _____ min. _____)

9. Birthplace _____ (City, town, or county) (State or foreign country) MO

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) Paul A. Shamp...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ year 1949 hour _____ minute _____ M. _____

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____; that I last saw him/her alive on _____ 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration

Due to _____

Due to _____

Other conditions _____ (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 _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

MOTHER, FATHER

28382