

S. No. 2
M-5-43
7. 5-17-39
I X38671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35133**
Registrar's No. **2418**

FILED NOV 9 1948

Registration District No. **387**

Primary Registration District No. **6076**

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

1. PLACE OF DEATH: **St. Louis**
 (a) County **Olivette**
 (b) City or town **Olivette**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
700 North Price Road. /
 (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 **ARTHUR T. JABLONSKY.**
 3. (b) If veteran, name war **no**
 3. (c) Social Security No. **NO**

4. Sex **Male** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Eugenia Jablonsky.**
 6. (c) Age of husband or wife if alive **58** years
 7. Birth date of deceased **Feb. 27 1881**
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	67	7	20	hr. _____ min. _____

9. Birthplace **Cleveland, Ohio /**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Florist; grower.**

11. Industry or business _____
 12. Name **August Jablonsky.**
 13. Birthplace **Konigsberg, Germany /**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Alice Saunders.**
 15. Birthplace **unknown England /**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Eugenia Jablonsky.**
 (b) Address **# 700 No. Price Rd.**

17. (a) **Entombment**
 (Burial, cremation, or removal) (b) Date thereof **10-20-48**
 (Month) (Day) (Year)
 (c) Place: burial or cremation **Oak Grove Mausoleum.**

18. (a) Signature of funeral director **C.R. Lupton & Sons**
 (b) Address **7233 Delmar Blvd.**

19. (a) **10-18-48** (b) **Carl A. Lupton**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **St. Louis**
 (c) City or town **Olivette**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **# 700 North Price Road.**
 (If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Oct.** day **17**
 year **1948** hour **12:30** minute **P.** M.
 21. I hereby certify that I attended the deceased from **2-15-48**
 _____, 19____ to **10-20-48**, 19____
 that I last saw him alive on **10-15-48**, 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Coronary Heart Disease
 Due to _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy _____
 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 **fall**
 23. Signature **James R. Meador** (M. D. or other)
 Address **23 Central, Clayton** Date signed **10-18-48**

CP 3800
#1950 (embalmer)

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 Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, Mo.

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.