

FILED OCT 7 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32244

318

1003

State File No. \_\_\_\_\_

Registrar's No. 8217

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. _____		Registrar's No. 8217					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Missouri</u>				c. LENGTH OF STAY (in this place) <u>49 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>							
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>1543 No. 17th St.</u>				d. STREET ADDRESS (If rural, give location) <u>26 1543 No. 17th St.</u>									
3. NAME OF DECEASED (Type or Print) <u>George</u>			a. (First) _____			b. (Middle) _____			c. (Last) <u>Tabaka</u>				
4. DATE OF DEATH <u>9-21-49</u>			(Month) _____			(Day) _____			(Year) _____				
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED? WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>12-4-1880</u>		9. AGE (In years last birthday) <u>68</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u>				10b. KIND OF BUSINESS OR INDUSTRY _____				11. BIRTHPLACE (State or foreign country) <u>Poland</u>		12. CITIZEN OF WHAT COUNTRY? _____			
13a. FATHER'S NAME <u>Thomas Tabaka</u>				13b. MOTHER'S MAIDEN NAME <u>Rose Stolarski</u>				14. NAME OF HUSBAND OR WIFE <u>Lottie Tabaka</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Lottie Tabaka</u> ADDRESS <u>1543 No. 17th St.</u>							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH			
<p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY THROMBOSIS</u></p> <p>ANTECEDENT CAUSES</p> <p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) <u>ARTERIO-SCLEROSIS</u></p> <p>DUE TO (c) <u>HYPERTENSION</u></p> <p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death.</p>													
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____				21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) <u>MO</u>							
21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Heart Attack</u>									
22. I hereby certify that I attended the deceased from <u>JAN</u> , 19 <u>49</u> , to <u>SEP-19</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>SEP-19</u> , 19 <u>49</u> , and that death occurred at <u>1 P.</u> m., from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) <u>Dr. J. Nawrocki MD</u>					23b. ADDRESS <u>1901 Madison St</u>					23c. DATE SIGNED <u>9-23-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 24-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>			24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>						
DATE REC'D BY LOCAL REG. <u>SEP 23 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Zastrow</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>St. Louis General Home, 2205 St. Louis</u>							

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

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Robert M Murray*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3749*

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.