

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42510

State File No. **42510**

11051

|                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                    |                                                                                                                                 |  |                                                                                                                          |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------|--|
| BIRTH NO. _____                                                                                                                                                                                                                                               |  | REG. DIST. NO. <b>318</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                    | PRIMARY REG. DIST. NO. _____                                                                                                    |  | Registrar's No. _____                                                                                                    |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                    | 2. USUAL RESIDENCE (If deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY _____ |  |                                                                                                                          |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b>                                                                                                                                                            |  | c. LENGTH OF STAY (in this place) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                    | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>                                   |  |                                                                                                                          |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2311 Arsenal St. /</b>                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                    | d. STREET ADDRESS (If rural, give location) <b>2311 Arsenal St.</b>                                                             |  |                                                                                                                          |  |
| 3. NAME OF DECEASED<br>(Type or Print) <b>John Gombas</b>                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | a. (First) _____ b. (Middle) _____ c. (Last) _____ |                                                                                                                                 |  | 4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 21, 1949</b>                                                               |  |
| 5. SEX <b>Male</b>                                                                                                                                                                                                                                            |  | 6. COLOR OR RACE <b>White</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                    | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>                                                           |  | 8. DATE OF BIRTH <b>Dec. 13, 1886</b>                                                                                    |  |
|                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                    |                                                                                                                                 |  | 9. AGE (In years last birthday) <b>63</b> IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 1 HRS. Hours _____ Min. _____ |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Moulder</b>                                                                                                                                                    |  | 10b. KIND OF BUSINESS OR INDUSTRY _____                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                    | 11. BIRTHPLACE (State or foreign country) <b>Hungary</b>                                                                        |  | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>                                                                                 |  |
| 13a. FATHER'S NAME <b>John Gombas</b>                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 13b. MOTHER'S MAIDEN NAME <b>unk.</b>              |                                                                                                                                 |  | 14. NAME OF HUSBAND OR WIFE <b>Anna Gombas</b>                                                                           |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>                                                                                                                                                                                   |  | 16. SOCIAL SECURITY NO. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                    | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Anna Gombas 2311 Arsenal</b>                                                  |  |                                                                                                                          |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.                               |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Arteriosclerosis</b><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Coronary Arterial Disease</b><br><br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>Chronic Bronchial Asthma</b> |                                                    |                                                                                                                                 |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>10 min.</b><br><br><b>3 mos.</b><br><br><b>6 mos.</b>                             |  |
| 19a. DATE OF OPERATION _____                                                                                                                                                                                                                                  |  | 19b. MAJOR FINDINGS OF OPERATION _____                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                    |                                                                                                                                 |  | 20. AUTOPSY?<br>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) <b>St. Louis, Mo. 94th</b>                                                      |  |                                                                                                                          |  |
| 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 <b>45 ft. 1</b>                                                                                       |  |                                                                                                                          |  |
| 22. I hereby certify that I attended the deceased from <b>Sept. 1, 1949</b> to <b>Dec. 21, 1949</b> , that I last saw the deceased alive on <b>Dec. 19, 1949</b> , and that death occurred at <b>215 P.M.</b> , from the causes and on the date stated above. |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                    |                                                                                                                                 |  |                                                                                                                          |  |
| 23a. SIGNATURE (Name or title) <b>Joseph A. Mueller M.D.</b>                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                    | 23b. ADDRESS <b>2924 So. Grand</b>                                                                                              |  | 23c. DATE SIGNED <b>12-28-49</b>                                                                                         |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>                                                                                                                                                                                                       |  | 24b. DATE <b>12-24-49</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                    | 24c. NAME OF CEMETERY OR CREMATORY <b>Resurrection</b>                                                                          |  | 24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>                                                      |  |
| DATE REC'D BY LOCAL REG. <b>DEC 23 1949</b>                                                                                                                                                                                                                   |  | REGISTRAR'S SIGNATURE <b>J. B. Pascale</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                    | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Southern Funeral Home</b>                                                                   |  | ADDRESS <b>6322 S. Grand Blvd.</b>                                                                                       |  |

(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300  
v. 10.48

JUN 5 1950

*copy*

*Dr. Joe Muller  
2924 Strand*

*9 to 12*

*5 to 6*

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *David Thompson*

Licensed Embalmer No. *4242*

P. O. Address *6322 So Grand*

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.