

5. No. 300
V. No. 48

FILED JUN 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19037
Registrar's No. 2403

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076

1. PLACE OF DEATH a. COUNTY St Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY St Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Affton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Affton	
d. FULL NAME OF HOSPITAL OR INSTITUTION 8010 Gravois		d. STREET ADDRESS (If rural, give location) 8010 Gravois	
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) A c. (Last) Palubiak Jr		4. DATE OF DEATH (Month) (Day) (Year) June 9, 1951	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb 3, 1890
9. AGE (In years last birthday) 61		IF UNDER 1 YEAR Months Days	IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tinner		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME John Palubiak	
13b. MOTHER'S MAIDEN NAME Catherine Kratky		14. NAME OF HUSBAND OR WIFE Bertha Palubiak	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 490-32-0039	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bertha Palubiak 8010 Gravois
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis INTERVAL BETWEEN ONSET AND DEATH 2 weeks ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis DUE TO (c) Myocarditer, Chronic II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 332X	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 8, 1951</u> , to <u>June 9, 1951</u> , that I last saw the deceased alive on <u>June 8, 1951</u> , and that death occurred at <u>2:00A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Melvin R. Wilichki MD		23b. ADDRESS 8301 Gravois	
23c. DATE SIGNED 6-9-51		24a. BURIAL, CREMATION, REMOVAL (Specify) burial	
24b. DATE 6/12/51		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	
24d. LOCATION (City, town, or county) (State) Affton, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ziegenhein & Sons 7027 Gravois	
DATE REC'D BY LOCAL REG. 6-11-51		REGISTRAR'S SIGNATURE Herbert P. Sombke	

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.....

W. G. Peterson

Signed.....
Student Embalmer:

Licensed Embalmer No. 3767

P. O. Address 7027 Gravier

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.