

FILED JUN 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19037

State File No.

BIRTH NO.		REG. DIST. NO. <u>3.7</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>2403</u>	
1. PLACE OF DEATH a. CITY <u>St Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Affton</u>		c. LENGTH OF STAY (in this place) <u>27 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Affton</u> <u>4810</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8010 Gravois</u>				d. STREET ADDRESS (If rural, give location) <u>8010 Gravois</u> <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>		b. (Middle) <u>A</u>		c. (Last) <u>Palubiak Jr</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 9, 1951</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Feb 3, 1890</u>	
9. AGE (In years last birthday) <u>61</u>		IF UNDER 1 YEAR Months Days		IF UNDER 1 MRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tinner</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>St Louis, Mo.</u> <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Palubiak</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Kratky</u>		14. NAME OF HUSBAND OR WIFE <u>Bertha Palubiak</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>490-32-0039</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Bertha Palubiak 8010 Gravois</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u> ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Myocarditis, Chronic</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u> <u>1 year</u> <u>1 year</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>332X</u>		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) m.		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) <u>Melvin R. Wilichki MD</u>				23b. ADDRESS <u>8301 Gravois</u>		23c. DATE SIGNED <u>6-9-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>6/12/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Affton, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6-11-51</u>		REGISTRAR'S SIGNATURE <u>Herbert P. Sombe</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ziegenhein & Sons 7027 Gravois</u>			

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 Gravesia*

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.