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S. No. 300 FILED SEP 25 1952

STANDARD CERTIFICATE OF DEATH

State File No. 33135
Registrar's No. 8219

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2239	
c. LENGTH OF STAY (In this place) 9 Day		d. STREET ADDRESS (If rural, give location) 73 2114 Victor St	
d. FULL NAME OF HOSPITAL OR INSTITUTION Christian			

3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) Kubionik c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 8-29-52		
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	
8. DATE OF BIRTH 1-20-1871		9. AGE (In years last birthday) 81		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wire worker		10b. KIND OF BUSINESS OR INDUSTRY Self-employed		11. BIRTHPLACE (City and State or Foreign Country) 6 Czechoslovakia	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE		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. no	

17. INFORMANT'S SIGNATURE, OR NAME ADDRESS Pauline Kubionik 2114 Victor St	
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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) Cardiovascular - Renal Disease - Senile type - I.P.S. INTERVAL BETWEEN ONSET AND DEATH	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		ANTECEDENT CAUSES DUE TO (b) Uremia & Uremic Coma DUE TO (c) Gastric Ca - Inanition	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION None		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 151X	

22. I hereby certify that I attended the deceased from 8-19th, 19 52 to 8-28-19 52, that I last saw the deceased alive on 8-28-19 52, and that death occurred at 10:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Sub B Turner M.D.		23b. ADDRESS 3734 - Jennings Road.		23c. DATE SIGNED 9/30/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-2-1952		24c. NAME OF CEMETERY OR CREMATORY Calvary	
24d. LOCATION (City, town, or county) St. Louis		24e. (State) Mo		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	
DATE REC'D BY LOCAL SEP 2 1952		REGISTRAR'S SIGNATURE J. Calverton		2205 St. Louis	

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *John J. Harris*
Licensed Embalmer No. 428

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.