

FILED AUG 25 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30670

No. 300  
10.48

REG# 108606

State File No. ....

BIRTH NO. ....

REG. DIST. NO. 317

PRIMARY REG. DIST. NO. 500

Registrar's No. 2124

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>JEFFERSON BARRACKS, MO.</b>		c. LENGTH OF STAY (In this place) <b>167 DAYS</b>	c. CITY OR TOWN <b>ST. LOUIS</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSPITAL</b>			e. STREET ADDRESS (If rural, give location) <b>2911 Magnolia</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Joseph</b>		b. (Middle) <b>(NMI)</b>	c. (Last) <b>GABRIEL</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>8-3-53</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>2-3-96</b>	9. AGE (In years last birthday) <b>57</b>	IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>TUCK POINTER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>UNKNOWN</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>CHECZOSLAVAKIA 6</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			13a. FATHER'S NAME <b>JOE GABRIEL</b>		
13b. MOTHER'S MAIDEN NAME <b>MARY VIDACETK</b>			14. NAME OF HUSBAND OR WIFE <b>AGNES GABRIEL</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WW I</b>		16. SOCIAL SECURITY NO. <b>493 24 9658</b>	17. INFORMANT'S SIGNATURE OR NAME <b>VA HOSPITAL RECORDS, JEFF BRKS, MO.</b>		
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) <b>CARCINOMA OF PENIS WITH WIDE SPREAD METASTASES</b> ANTECEDENT CAUSES <b>DUE TO (b) CARCINOMA OF URINARY BLADDER</b> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> <b>DUE TO (c)</b> II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION <b>181X</b>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
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 <b>2-17</b> , 19 <b>53</b> , to <b>8-3</b> , 19 <b>53</b> , <del>that he was the deceased</del> and that death occurred at <b>7:40 P.M.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <i>[Signature]</i> (Degree or title) <b>M.D. KAMINSKAS, M.D.</b>			23b. ADDRESS <b>VET ADM HOSP., JEFF BRKS, MO.</b>		23c. DATE SIGNED <b>8-4-53</b>
24a. BURIAL CEMETERY OR CREMATORY <b>NATIONAL CEM.</b>		24b. DATE <b>AUG. 6 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>JEFFERSON BARRACKS</b>		24d. LOCATION (City, town, or county) (State) <b>MO</b>
DATE REC'D BY LOCAL REG. <b>8-4-53</b>		REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i> ADDRESS <b>2906</b>		

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.....  
Signature of Student Embalmer

Signed: *James C. Hill*

Licensed Embalmer No. *4347*

P. O. Address *2906 Hill*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.