

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-011040
STATE FILE NUMBER
2487

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY - _____
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Inside Limits Yes No
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1822 Hogan Length of stay in 1b _____

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY _____
c. CITY OR TOWN St. Louis Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) 1822 Hogan Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
HELEN NMN JABLONSKI

4. DATE OF DEATH Month Day Year
MARCH 10, 1959

5. SEX female **6. COLOR OR RACE** white **7. MARRIED** **NEVER MARRIED**
WIDOWED **DIVORCED**

8. DATE OF BIRTH 10-8-1896 **9. AGE** (In years less birthday) 62 **IF UNDER 1 YEAR** Months 5 Days 2 **IF UNDER 24 HRS.** Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife **10b. KIND OF BUSINESS OR INDUSTRY** _____ **11. BIRTHPLACE** (City and state or country) St. Louis, Missouri **12. CITIZENSHIP OF WHAT COUNTRY?** U.S. A.

13a. FATHER'S NAME Emil Nalioorski **13b. MOTHER'S MAIDEN NAME** Rose Bielaski **14. NAME OF HUSBAND OR WIFE** John Jablonski

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.** _____ **17. INFORMANT** John Jablonski Address 1822 Hogan

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) OVARIAN CARCINOMA, SEROUS CYSTADENOCARMINOMA WITH METASTASES **INTERVAL BETWEEN ONSET AND DEATH** 8 MONTHS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } **DUE TO (b)** _____
} **DUE TO (c)** 175.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____ **19. WAS AUTOPSY PERFORMED?** YES NO

20a. ACCIDENT **SUICIDE** **HOMICIDE** **20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in PART I or PART II of item 18.) _____

20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____

20d. INJURY OCCURRED WHILE AT WORK **NOT WHILE AT WORK** **20e. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ **20f. CITY, TOWN, OR LOCATION** _____ **COUNTY** _____ **STATE** _____

21. I attended the deceased from SEPT. 3, 1958 to MARCH 3, 1959 and last saw ^{her}him alive on MARCH 3, 1959
Death occurred at 7:30 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (In ink or title) C. J. Vanmillian, M.D. **22b. ADDRESS** 600 South Kingshighway **22c. DATE SIGNED** 3/10/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial **23b. DATE** 3-12-59 **23c. NAME OF CEMETERY OR CREMATORY** Calvary **23d. LOCATION** (City, town, or county) (State) St. Louis, Missouri

24. FUNERAL DIRECTOR ST. LOUIS FUNERAL HOME ADDRESS 2205 St. Louis Ave. **25. DATE RECEIVED BY LOCAL REG.** MAR 11 '59 **26. REGISTRAR'S SIGNATURE** Joan Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

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691
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Robert M. Murray*

Licensed Embalmer No. *37498*

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