

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-003963

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 916 STATE FILE NUMBER

**LED JAN 25 1962**

1. PLACE OF DEATH  
 a. COUNTY \_\_\_\_\_  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in 1b Life  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's Hospital Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Mo. b. COUNTY St. Louis  
 c. CITY OR TOWN Dellwood Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 10200 Nashua Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last Frances C. Jablonski 4. DATE OF DEATH Month Day Year January 19th., 1962

5. SEX F. 6. COLOR OR RACE W. 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 5/28/11 9. AGE (last birthday) 50 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sec. - Baden Bank 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (City and state or country) St. Louis, Missouri 12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME Anthony Meyer 13b. MOTHER'S MAIDEN NAME Mary King 14. NAME OF HUSBAND OR WIFE John Jablonski

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) no 17. INFORMANT Address Mr. John Jablonski, 1919 Rose Blossom Lane Hazelwood

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Septicemia with multiple lung abscesses 1 month  
 DUE TO (b) \_\_\_\_\_  
 DUE TO (c) 521x  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Systemic lupus erythematosus, suspected  
 PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

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 a.m. p.m. Month, Day, Year \_\_\_\_\_

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 12/16/61 to death and last saw her alive on 1/18/62  
 Death occurred at 1:15 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Robert Paris M.D. 22b. ADDRESS 3720 Washington 22c. DATE SIGNED 1/20/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 1/22/1962 23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery 23d. LOCATION (City, town, or county) (State) St. Louis, Missouri

24. FUNERAL DIRECTOR ADDRESS Arthur J. Donnelly 3840 Lindell Blvd. 25. DATE RECD. BY LOCAL REG. JAN 21 1962 26. REGISTRAR'S SIGNATURE Earl Smith M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT AFFIDAVIT OF 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 Francis Williamson

Licensed Embalmer No. 3565  
P. O. Address 3840 Lind

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.