

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**27183**

**1. PLACE OF DEATH**

County.....  
Township.....  
City.....

Registration District No. **791**  
Primary Registration District No. **1003**

File No. ....  
Registered No. **8507**  
St. .... Ward) .....

**2. FULL NAME**

*John Gubernat*  
(a) Residence No. .... St., **B3** Ward. *E. St. Louis, Ill.*  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Louise Gubernat</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>July 5, 1872</i>		
7. AGE YEARS <i>59</i>	MONTHS	DAYS <i>24</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Labourer</i>		11. Total time (years) spent in this occupation.....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year).....		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Miedonice Poland</i>		
13. NAME <i>Jacob Gubernat</i>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Miedonice Poland</i>		
15. MAIDEN NAME <i>Theresa Ptasnick</i>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Miedonice Poland</i>		
17. INFORMANT (ADDRESS) <i>Must. Popow 1709 Lake Ave. St. Louis</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Cal. St. Louis, Ill.</i> DATE <i>July 7 1931</i>		
19. UNDERTAKER (ADDRESS) <i>John L. Holdrege 1970 Lumber Ave. St. Louis</i>		
20. FILED <i>W. C. Stanley</i> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

1  
21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 29 1931*  
22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....  
I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at *5:50* m.  
The principal cause of death and related causes of importance were as follows:  
*9.3c*  
*Chronic Myocarditis*  
Other contributory causes of importance:  
*9.3c*  
Name of operation..... Date of.....  
What test confirmed diagnosis..... Was there an autopsy? *Yes*  
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury....., 19.....  
Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury.....  
Nature of injury.....  
24. Was disease or injury in any way related to occupation of deceased?.....  
If so, specify.....  
(Signed) *Wm. D. Dyer* M. D.  
(Address) *Corcoran*

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

