MAY 10 1939

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

13557
Do not use this space.

791
1003
3899

1. PLACE OF DEATH
(a) County
(b) Township
(c) City or Town: ST. LOUIS MO.
Registration District No.
Primary Registration District No.
Registered No.
(d) Street No. Alexian Bros. Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 100 Frank Duba
(a) Residence, No. 1230/ Sidney St. St. 23
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Anna Duba

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 12 1846

7. AGE: Years 93 | Months 2 | Days 14 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as saw mill, bank, etc. RetiredFarmer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisiana.

FATHER
13. NAME Frank Duba
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bohemia

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bohemia

17. INFORMANT Mary Frank
(ADDRESS) 1230 Sidney St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bryrnesville Mo DATE Apr. 29 1939

19. FUNERAL DIRECTOR (NAME) Thomas Kutis
(ADDRESS) 2806 Gravois Ave.

20. FILED APR 27 1939 J. F. Budek Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 26 1939

22. I HEREBY CERTIFY, That I attended deceased from April 19, 1939, to April 26, 1939
I last saw him alive on April 26, 1939 Death is said to have occurred on the date stated above, at 12½ a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplectic stroke	4/19/39
~~[illegible]~~	
Right Hemiplegia	4/20/39

Other contributory causes of importance:
Senility
Arterio-Sclerosis, Hypertension
Laceration of Scalp 4/19/39
Name of operation suturing for laceration Date of 4/19/39
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 4-19, 1939
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 Fell in stock & struck head
Nature of injury On Table - lacerated scalp. no skull fracture
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) William H. Broeder, M. D.
(Address) 1225 Sidney St.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

I X16605

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

THOS. KUTIS., Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No. 1619

P. O. Address 2906 Gravois Ave.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.