

AUG 25 1940 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

23635

State File No.

Registration District No.

Primary Registration District No.

1003

Registrar's No.

6030

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Firmin Desloge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

8. (a) PRINT FULL NAME Catherine M. Dube
3. (b) If veteran, name war XX 3. (c) Social Security No. XX

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Philip Dube 6. (c) Age of husband or wife if alive 27 years
7. Birth date of deceased June 13 1913
(Month) (Day) (Year)

8. AGE: Years 27 Months 1 Days 3 If less than one day hr. min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Stanley Piotrowski
13. Birthplace Poland
(City, town, or county) (State or foreign country)
14. Maiden name Helen Zeck
15. Birthplace Poland
(City, town, or county) (State or foreign country)

16. (a) Informant Philip Dube
(b) Address 2354 Rutger St

17. (a) Burial (b) Date thereof July 22, 40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sun Set Burial Park

18. (a) Signature of funeral director E. J. Schnur
(b) Address E. J. Schnur 3125 Lafayette

19. (a) JUL 20 1940 (b) J. F. Bredick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 22
(If outside city or town limits, write "RURAL")
(d) Street No. 2354 Rutger St.
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month July day 18
year XX 1940 hour 9:50 minute A M.

21. I hereby certify that I attended the deceased from Jan 24, 1940, to July 18, 1940, that I last saw him alive on 7/18/40 and that death occurred on the date and hour stated above.

Immediate cause of death Post Partum Dehydration
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy None yes

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury 1

23. Signature A. P. Martin M.D. (M. D. or other)
Address 1225 S. Grand Date signed 7/18/40

Duration 1 wk
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed

Josh Bollmer

Licensed Embalmer No. *4014*

P. O. Address *3125 Lafayette Ave*

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