S. No. 2
M—4-13-40
V. 5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24005

Registrar's District No. 791 (AUG 23 1940)

Primary Registration District No. 1003

Registrar's No. 6450

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 Days (Specify whether years, months or days)

In this community 30 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 23

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 0

(d) Street No. 1516 S. 7th St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Catherine Gaburek 162

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife John

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Nov. 1, 1869 (Month) (Day) (Year)

8. AGE: Years 70 Months 8 Days 29 If less than one day hr. min.

9. Birthplace Jugo Slavia (City, town, or county) 7 (State or foreign country)

10. Usual occupation Housewife 7

11. Industry or business 7

FATHER
12. Name Thos. Mixich 7
13. Birthplace Jugo Slavia (City, town, or county) 7 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Jugo Slavia (City, town, or county) (State or foreign country)

16. (a) Informant John Gaburek
(b) Address 1516 S. 7th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/31/40 (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cem.

18. (a) Signature of funeral director A. W. McLaughlin
(b) Address 2301 Lafayette Ave

19. (a) JUL 31 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30, year 1940 hour 2:07 minute A. M.

21. I hereby certify that I attended the deceased from July 20, 1940 to July 30, 1940; that I last saw her alive on July 30, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac decompensation	
Due to Hypertensive cardio vascular disease	several months
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

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

23. Signature M. A. Corley (M. D. or other)
Address 1515 Lafayette, Date signed 7/30/40

(Licensed Embalmer's Statement on Reverse Side)

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 Paul A Keith

Licensed Embalmer No. 3617

P. O. Address 2317 Lafayette

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, fact should be so stated above.