23022
No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FEB 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 267

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 267

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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: St. Louis City Hospital #1 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or Institution 4 Days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 1617
(If outside city or town limits, write "RURAL")

(d) Street No. 5610 S. Compton 9
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Frank Palasky

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Gertrude Palasky

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased April 26, 1868 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
72	8	14	hr. min.

9. Birthplace Quincy, Ill. 11 (City, town, or county) (State or foreign country)

10. Usual occupation Tobacco Worker

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Ill. 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Gertrude Palasky
(b) Address 5610 S. Compton

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-13-41 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6322 S. Grand Blvd. 7411

19. (a) JAN 11 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 10, year 1941 hour 10:30 minute A. M.

21. I hereby certify that I attended the deceased from January 7, 1941, to January 10, 1941; that I last saw him alive on January 10, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myo Carditis — Duration 4-5 yrs.

Due to Cardiac Hypertrophy

Due to

Other conditions Pneumonia Bronchial 4 days
(Include pregnancy within 3 months of death)

Major findings:
Of operations 93 d
Of autopsy Refused. 93 d

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?
While at work (Specify type of place) (e) Means of injury 0

23. Signature Samuel Wallace (M. D.) 1/10/41
Address 1515 Lafayette Avenue, Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Raymond Koemann, Registered Apprentice No. 275, working under my personal supervision.

Signed Virgil L. Berryman

Licensed Embalmer No. 4018

P. O. Address St. Louis Mo.

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.