

FILED

FEB 14 1941

Registration District No. 788

Primary Registration District No. 200

Registrar's No. 156

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

1. PLACE OF DEATH

(a) County St. Louis
(b) City or town Carondelet Township
(c) Name of hospital or institution: Robert Koch Hospital
(d) Length of stay: In hospital or institution 9 Days
In this community 39 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County —
(c) City or town St. Louis
(d) Street No. 1606-S. Bro St.
(e) If foreign born, how long in U. S. A.? 39 years.

3. (a) PRINT FULL NAME ANNA DAMBKO

3. (b) If veteran, name war. — 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Alex Dambko 6. (c) Age of husband or wife if alive 87

7. Birth date of deceased (Month) 1 (Day) 2 (Year) 87

8. AGE: Years 54 Months 0 Days 18 If less than one day 15 hrs — min.

9. Birthplace Austria (City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business —

12. Name Tom ?

13. Birthplace Austria (City, town, or county) (State or foreign country)

14. Maiden name Besler ?

15. Birthplace Austria (City, town, or county) (State or foreign country)

16. (a) Informant Anna Dambko

(b) Address 1606-S 3rd St.

17. (a) Burial (b) Date thereof Jan 24
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews

18. (a) Signature of funeral director Thorndike & Son

(b) Address 329 1/2 Franklin Ave

19. (a) JAN 23 1941 (b) L.R. Meyer, M.D. Ph.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 20th
year 1941 hour 3 minute 00 P.M.

21. I hereby certify that I attended the deceased from 1-11-1941 to 1-20-1941
that I last saw her alive on 1-20-1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Pulmonary Tuberculosis

Due to —

Due to —

Other conditions (Includes pregnancy within 3 months of death)

Major findings: Of operations —

Of autopsy —

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 —

23. Signature John H. Graham, M.D. (M. D. or other) —

Address Robert Koch Hosp. Date signed 1-21-41

JUN 20 1941

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

Leo Budde, Registered Apprentice No. _____
working under my personal supervision.

Signed Leo Budde
Licensed Embalmer No. 3989

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.