

Registration District No. **318**

Primary Registration District No.

**1003**

1. PLACE OF DEATH:

(a) County **ST LOUIS MO**  
(b) City or town  
(c) Name of hospital or institution:  
**3949 MAFFITT AVE 1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community..... **60 YEARS**  
years, months or days)

3. (a) PRINT FULL NAME **JOSEPH J. PALASKY**

3. (b) If veteran, name war **NO** 3. (c) Social Security No. **NO**

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**  
6. (b) Name of husband or wife **JULIA PALASKY** 6. (c) Age of husband or wife if alive **60** years  
7. Birth date of deceased **JAN 24 1876**  
(Month) (Day) (Year)

8. AGE: Years **67** Months **1** Days **10** If less than one day hr. min.

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

10. Usual occupation **CIGAR MAKER**

11. Industry or business **RETIRED**

12. Name **JOHN PALASKY**

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

14. Maiden name **JULIA MIX** (City, town, or county) (State or foreign country)

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

16. (a) Informant **JOS. J. PALASKY**

(b) Address **3949 MAFFITT AVE**

17. (a) **BURIAL** (b) Date thereof **MAR 8 1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **CALVARY CEMETERY**

18. (a) Signature of funeral director **Jos. J. Howard**  
(b) Address **4212 ST LOUIS AVE**

19. (a) **MAR 8 1943** (Date received local register) **J. F. Bredeck** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **ST LOUIS**  
(c) City or town **ST LOUIS** (If outside city or town limits, write "RURAL")  
(d) Street No. **3949 MAFFITT AVE** (If rural, give location)  
(e) Citizen of foreign country? (Yes or No) **NO**  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **4** year **1943** hour **11:40** minute **00 AM**

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death **Fractured Ribs Left side**  
**Pulmonary Thrombosis** suffered when deceased stumbled over **fish slipper** while walking in **bed room** at his home, **3949 Maffitt Ave** on **Jan 23 1943** at about **9 am**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include 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) **Accident**

(b) Date of occurrence **1-23-43 00:00**

(c) Where did injury occur? **St Louis MO** (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **Home**

While at work? **no** (Specify type of place) (e) Means of injury **Fall**

23. Signature **Edward J. ...** (M. D. or other) Address **...** Date signed **3/6/43**

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

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**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

*Joe A Howard*

Licensed Embalmer No.

*4139*

P. O. Address.....

**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.**