

FILED AUG 7 1943 318

Primary Registration District No. 1003

Registrar's No. 6940

1. PLACE OF DEATH:

(a) County: St. Louis
(b) City or town: St. Louis
(c) Name of hospital or institution: City Infirmary
(d) Length of stay: In hospital or institution: 11yr, 6mo, 29dys
38yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 000
(c) City or town: St. Louis 17
(d) Street No.: 5800 Arsenal 9
(e) Citizen of foreign country? ?? (Yes or No) 13
If yes, name country: 0

3. (a) PRINT FULL NAME: Paul Tabacok

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

4. Sex: M 5. Color or Race: W
6. (a) Single, widowed, married, divorced: 2

6. (b) Name of husband or wife: ??? 6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: May 15 1855 (Month) (Day) (Year)

8. AGE: Years 88 Months 2 Days 14 If less than one day hr. min.

9. Birthplace: Checkoslovakia (City, town, or county) (State or foreign country) 6

10. Usual occupation: Laborer

11. Industry or business:

MOTHER FATHER { 12. Name: Henry Tabacok
13. Birthplace: Checkoslovakia (City, town, or county) (State or foreign country) 6
14. Maiden name: ???????
15. Birthplace: ??????? (City, town, or county) (State or foreign country) 9

16. (a) Informant: D.E. Basso (b) Address: 5800 Arsenal St., St. L., Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7/31/43 (Month) (Day) (Year)
(c) Place: burial or cremation: Old S.S. Peter & Paul

18. (a) Signature of funeral director: Wm B Maxwell (b) Address: 1926 Allen Ave.

19. (a) JUL 31 1943 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29 year 1855 hour 4 minute 00 A.M.

21. I hereby certify that I attended the deceased from July 15 1943, to July 29 1943, that I last saw him alive on July 29 1943, and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis Duration: several years

Due to: Atherosclerosis Duration: several years

Due to: Cellulitis of l. leg Duration: 4 days

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?

While at work? (Specify type of place) (e) Year of injury: 0
23. Signature: A. Sumner M.D. (M. D. or other) Address: City Infirmary Date signed: 7/30/43

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 *me*

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

Signed

D. M. Adams

Licensed Embalmer No.

3741

P. O. Address

1926 Allen

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.