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FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED MAY 15 1948

Registration District No. 51

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 14954

Registrar's No. 1143

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

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town ST LOUIS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Rose
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 YRS 5 MONTHS (Specify whether years, months or days)

In this community 4 YRS 5 MONTHS

3. (a) PRINT FULL NAME BRO. BONAVENTURE

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife NONE

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

7. Birth date of deceased: JULY 15 1913
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>34</u>	<u>9</u>	<u>19</u>	hr. _____ min. _____

9. Birthplace CHICAGO Ill 1
(City, town, or county) (State or foreign country)

10. Usual occupation FRANCISCAN BROTHER

11. Industry or business ST JOSEPHS HILL INFIRMARY

MOTHER FATHER

12. Name MARTIN FORKA

13. Birthplace POLAND 4
(City, town, or county) (State or foreign country)

14. Maiden name EMMA STAJGER

15. Birthplace POLAND 4
(City, town, or county) (State or foreign country)

16. (a) Informant Brother Casimir

(b) Address Creuka Mo RR#3

17. (a) BURIAL (b) Date thereof MAY 7-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST JOSEPHS HILL CEM.

18. (a) Signature of funeral director St Josephs

(b) Address House of Orange

19. (a) 5-6-48 (b) Seid Mo
(Date received local registrar) (Registrar's signature) (State)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County JEFFERSON 51

(c) City or town RURAL
(If outside city or town limits, write "RURAL")

(d) Street No. FOREKA Mo RR#3
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4 year 1948 hour 10 minute 20 AM

21. I hereby certify that I attended the deceased from July 1946 to May 1948

that I last saw him alive on May 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Familial Pulmonary Tuberculosis

Due to _____

Due to 132

Other conditions (Include pregnancy within 3 months of death) _____

Duration 17 yrs

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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 C. Murphy (M. D. or other) M.D.

Address 3750 Washington Date signed 5-5-48

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.....

J. Allen Davis

Licensed Embalmer No.

4053

P. O. Address.....

St. Louis

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.