

S. No. 2  
M-5-43  
5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19926

State File No. \_\_\_\_\_

FILED JUL 14 1948

Registration District No. 159

Primary Registration District No. 4249

Registrar's No. 26

1. PLACE OF DEATH: Jefferson

(a) County St. Louis

(b) City or town St. Louis

(c) Name of hospital or institution: Cedar Grove Nursing Home  
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 3 Months  
In this community 42 Years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 1912 Obear St.  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Joseph Stojeba

3. (b) If veteran, name war None

3. (c) Social Security No. 489-10-2780

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24  
year 1948 hour 6 minute - A.M.

21. I hereby certify that I attended the deceased from March 16 1948 to June 24 1948  
that I last saw him alive on June 23 1948  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Mary

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased: January 22, 1882  
(Month) (Day) (Year)

Immediate cause of death: Arteriosclerotic heart disease with cardiac insufficiency.

Due to: Generalized arteriosclerosis.

Due to \_\_\_\_\_

8. AGE: Years Months Days If less than one day

65	5	2	hr. min.
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Other conditions: Hemiplegia, left, old. Peptic ulcer.

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

10. Usual occupation Watchman

11. Industry or business Fulton Iron Works

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Stanley Stojeba

(b) Address 1930 Palm St.

17. (a) Burial (b) Date thereof: 6/28/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Sg. Louis Funeral Home

(b) Address 2205 St. Louis Ave.

19. (a) 6-29-48 (b) William Masada  
(Date received local registrar) (Registrar's signature)

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 Thomas A. Souwell (M. D. or other) MD.

Address Desoto, Mo. Date signed June 25 1948

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

**RECEIVED**  
District Health Officer No. 91  
District File No. 7/13/48  
Date Filed

**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 Henry M. Brammer

Licensed Embalmer No. 4200

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.