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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 11 1949

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41507

Primary Registration District No. 1003

Registrar's No. 11093

1. PLACE OF DEATH:

(a) County

(b) City or town St Louis Mo (If outside city or town limits, write "RURAL" and name of township)

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

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 96

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

(d) Street No. 7609 Esplanade (If rural, give location) UR

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

If yes, name country

3. (a) PRINT FULL NAME Paul Hebda

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced D

6. (b) Name of husband or wife

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

7. Birth date of deceased Dec (Month) 27 (Day) 1888 (Year)

8. AGE: Years 60 Months 11 Days 25 If less than one day hr. min.

9. Birthplace Poland (City, town, or county) 4 (State or foreign country)

10. Usual occupation Labor

11. Industry or business Lacled Christy

FATHER
12. Name Stanislaw Hebda
13. Birthplace Poland (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Sophie Konicki
15. Birthplace Poland (City, town, or county) (State or foreign country)

16. (a) Informant Charles Hebda
(b) Address 2527 a North 20th Str.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/27/48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Central Und Co
(b) Address 1841 Cass

19. (a) DEC 23 1948 (Date received local registrar) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 22 year 1948 hour 8 minute 15 A. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of skull Laceration of Brain When the Jab he was Johnny on strong Hay

Duration

Due to Massaging Laughing Frost Sunflower matted by George Robert Williamson Engineer Bulldozer Beetle Fracture of the Skull and Right of Way and Weather

Other significant conditions (Include pregnancy within 3 months of death) Fall Around 7/25 Gin Dec 22

Major findings of operation

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 Dec 22 1948
(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? Right of Way (Specify type of place)
While at work? (e) Means of injury Accident

23. Signature (M. D. or other)
Address Date signed 12/22/48

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 12 19

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 Gustav W Dietrich

Licensed Embalmer No. 4329

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.