

FILED DEC 30 1948

Registration District No. 262

Primary Registration District No. 4531

State File No.

Registrar's No. 62

1. PLACE OF DEATH:

(a) County Warren Co
(b) City or town Warrenton Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Katie Lane Nursing Home
(If not hospital or institution, write street number or location) 4
(d) Length of stay: In hospital or institution 5 mo (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Warren
(c) City or town St Louis (If outside city or town limits, write "RURAL")
(d) Street No. 2109 1/2 Allen (If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME DAHODA, PAUL

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Wid

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

7. Birth date of deceased: (Month) 7 (Day) - (Year) 1886

8. AGE: Years 62 Months 5 Days 10 If less than one day hr. _____ min. _____

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

10. Usual occupation Miner

11. Industry or business Lead

12. Name Paul Dahoda

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

14. Maiden name Unknown

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

16. (a) Informant Ann Prochko

(b) Address 2109 1/2 Allen

17. (a) Buried (b) Date thereof: (Month) 12 (Day) - (Year) 27 1948

(c) Place: burial or cremation St Hope Cemetery

18. (a) Signature of funeral director: Charles Funeral Home

(b) Address St Louis Mo

19. (a) 12/23/48 (b) Wm. Vanle Water (Registrar's signature) 402

20. DATE OF DEATH: Month 12 day 22 year 48 hour 10 minute 40 A.M.

21. I hereby certify that I attended the deceased from 8 13 - 1948 to 12-21 - 1948
that I last saw him alive on 12-21 - 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of pelvis, nasopharynx, left maxillary sinus and nose Duration 1 yr.

Due to _____
Due to _____

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

Major findings: Of operations _____

Of autopsy 45

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 H. H. G. Orman (M. D. or other) med

Address Warrenton Mo Date signed 12-22-48

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

MOTHER FATHER

MAY 5 1949

RECEIVED
District Health Officer No. 9,
District File Number
DEC 29 1948
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 *J. Allen Davis Jr*
Licensed Embalmer No. *4053*
P. O. Address *St. Louis 10*

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.