

No. 2
1/47
17-39

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17347

FILED JUN 2 1948

Registration District No. 372

Primary Registration District No. 6074

Registrar's No. 164

1. PLACE OF DEATH:

(a) County St. Francois

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

(c) Name of hospital or institution: 505 Monroe
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 35 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Francois

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

(d) Street No. 505 Monroe
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Nickolas Zieba

3. (b) If veteran, name war _____

3. (c) Social Security No. none

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Fannie Repak

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

7. Birth date of deceased Dec. 15 1880
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>68</u>	<u>5</u>	<u>0</u>	_____ hr. _____ min.

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

10. Usual occupation Retired Miner

11. Industry or business National Lead Co.

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant John Zieba

(b) Address Desloge, Mo.

17. (a) Burial (b) Date thereof 5-16-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Francois, Mo.

18. (a) Signature of funeral director C. Z. Boyer & Son

(b) Address Desloge, Mo.

19. (a) 5-26-48 (b) Ether Rudloff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15
year 1948 hour 9 minute 45 p.m.

21. I hereby certify that I attended the deceased from 1948 to 5-15 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Subarachnoid hemorrhage

Duration 3 d

Due to arterio-sclerosis
genera

Due to arterio-sclerotic degeneration

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy 927

PHYSICIAN _____
Underline the cause of 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) Means of injury _____

23. Signature [Signature] (M. or other) _____
5-15-48 Desloge, Mo.
Address _____ Date signed _____

94000

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

MOTHER FATHER

RECEIVED

District Health Officer No. 4

District File Number 648-69

Date Filed 6-1-48

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. T. Taylor

Licensed Embalmer No. 3660

P. O. Address Deer Lodge, 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.