

Registration District No. 291 Primary Registration District No. \_\_\_\_\_ Registrar's No. 6924

1. PLACE OF DEATH: 2  
(a) County 1003  
(b) City or town St. Louis  
(c) Name of hospital or institution: 1438 East Grand  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 50 years + years, months or days

3. (a) PRINT FULL NAME Maurice Bialick 420  
3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Yetta Bialick 6. (c) Age of husband or wife if alive unk years  
7. Birth date of deceased Ab. 1868 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
Ab. 71 hr. min.

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

10. Usual occupation Tailoring

11. Industry or business Manufacturing

12. Name Mordecai Bialick

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

14. Maiden name Rachel (unk)

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

16. (a) Informant's own signature Milton Bialick  
(b) Address 731 Leland

17. (a) Burial (b) Date thereof 8 9 1939 (Month) (Day) (Year)  
(c) Place: burial or cremation Bnei Amoona

18. (a) Signature of funeral director H. B. Berger  
(b) Address 4715 McPherson

19. (a) AUG 9 1939 (Date received local registrar) (b) J. B. Brudeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County ST LOUIS  
(c) City or town UNIVERSITY CITY NR  
(d) Street No. 1731 Leland (If rural, give location)  
(e) If foreign born, how long in U. S. A. 50 ± years

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Aug day 8 year 1939 hour 6 minute 50 A. M.  
21. I hereby certify that I attended the deceased from Jan 2, 1930 to Aug. 8, 1939; that I last saw him alive on Aug 7, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death Arterio-sclerotic Heart Disease Duration 3 yrs  
Due to 95%  
Due to \_\_\_\_\_

Other conditions Emphysema (Include pregnancy within 3 months of death) 20 yrs

Major findings: Of operations \_\_\_\_\_ Of autopsy none  
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 \_\_\_\_\_  
(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? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_ While at work? \_\_\_\_\_

23. Signature Joseph Warden Int (M. D. or other) Address 520 W 1st St Date signed 8-8-39

WHITE PLAIN—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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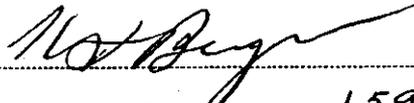
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**STATEMENT BY LICENSED EMBALMER**

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.....



Licensed Embalmer No. 1597.....

P. O. Address.....

**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, above space should be left blank.**