

Registration District No. 291

Primary Registration District No.

1. PLACE OF DEATH **1003**
(a) County _____
(b) City or town St. Louis, Mo.
(c) Name of hospital or institution: 3220 N. Dakota 2
(d) Length of stay: In hospital or institution 3 years
In this community 3 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County _____
(c) City or town St. Louis
(d) Street No. 3220 N. Dakota
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME Dorothy Biernacki 652
8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 25 year 1939 hour 10 minute 45 P. M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 24, 1936
(Month) (Day) (Year)

that I last saw h _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

8. AGE: Years 3 Months 1 Days _____ If less than one day hr. _____ min. _____

Immediate cause of death Renovascular disease Duration _____
due to rupture of atheroma at the base of Walter Edward Biernacki's heart, 1945
Due to 3220 N. Dakota

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country) _____
10. Usual occupation _____
11. Industry or business _____

Other conditions (include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____

MOTHER FATHER { 12. Name Walter Biernacki
13. Birthplace East St. Louis, Ill.
14. Maiden name Josephine Zelechowski
15. Birthplace East St. Louis, Ill.

Of autopsy See above
Underline the cause to which death should be charged statistically

16. (a) Informant's own signature M. Zelechowski
(b) Address 822 Winstanley E. St. Louis
17. (a) Burial (b) Date thereof Aug. 30, 1939
(Burial, cremation, or removal) (City, town, or county) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Homicide
(b) Date of occurrence Aug 25 1939
(c) Where did injury occur? St. Louis Mo
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

(c) Place: burial or cremation St. Adalberts Cemetery
18. (a) Signature of funeral director W. J. ...
(b) Address 2205 St. Louis Ave.
19. (a) AUG 28 1939 (b) _____
(Date received local registrar) (City, town, or county)

While at work? _____ Means of injury _____
28. Signature Alfred J. Perry (M. D. or other) _____
Address Deputy Coroner Date signed 8-28-39

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.

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

Albert W. Happe

Licensed Embalmer No. *1861*

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.