DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34227

Registration District No. 1791 Primary Registration District No. Registrar's No. 8765

1. PLACE OF DEATH: 1003 REC'D NOV 13 1939
(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo. 3 days (Specify whether
In this community 4 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis, 21
(If outside city or town limits, write "RURAL")
(d) Street No. 1814 Cass Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME George Bialczak 422
3. (b) If veteran, name war No
3. (c) Social Security No. Unknown
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Mary Lang
6. (c) Age of husband or wife if alive Deceased years
7. Birth date of deceased March (Month) 12 (Day) 1867 (Year)

8. AGE: Years 72 Months 7 Days 1 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Poland (State or foreign country)
10. Usual occupation Laborer
11. Industry or business Unknown
FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) Poland (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Poland (State or foreign country)
16. (a) Informant's own signature L. Deggendorf
(b) Address City Sanitarium
17. (a) (Burial, cremation, or removal) (b) Date thereof 10-17-39 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Calvary
18. (a) Signature of funeral director St. Louis Funeral Home
(b) Address 2205 St Louis ave
19. (a) OCT 14 1939 (Date received local registrar) (b) J. F. Budnick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 13, year 1939 hour 2:05 minute a.m.M.
21. I hereby certify that I attended the deceased from 9-11-1939, 19 to Oct. 13, 1939; that I last saw him alive on Oct. 13, 1939; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriosclerotic Heart Disease 9-11-39 x	
Due to Pulmonary Edema 9-11-39x	
Bronchiectasis 9-11-39x	
Due to Broncho- pneumonia 10-12-39	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations No	
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
(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)
While at work? (e) Means of injury
23. Signature Arnold A. Cook (M. D. or other)
Address City Sanitarium ~~Date signed~~

(Licensed Embalmer's Statement on Reverse Side)

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 Guy W Wilkinson

Licensed Embalmer No. 3575

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.