

MAY 15 1940
Registration District No. 791

Primary Registration District No. 1003

State File No. _____
Registrar's No. 2540

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1711 MADLEY AVE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether _____)
In this community 45 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County _____
(c) City or town St. Louis 26
(If outside city or town limits, write "RURAL")
(d) Street No. 1711 N. 12th St. MADLEY
(If rural, give location)
(e) If foreign born, how long in U. S. A. 45 yrs. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 17th
year 1940 hour 7:30 minute am M.

21. I hereby certify that I attended the deceased from 2-2-40
19____ to 4-17- 1940
that I last saw him alive on 4-16-40 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: CHRONIC-MYOCARDITIS

Due to COR-BOVIS

Due to CHRONIC-BRONCHITIS

Other conditions: _____
(Includes pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

Duration

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 J. J. Nawrocki, M.D. (M. D. or other) _____
Address 1901 Madison St Date signed 4-18-40

3. (a) PRINT FULL NAME Anthony Barylski 1-42

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

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

6. (b) Name of husband or wife Agnes 6. (c) Age of husband or wife if alive 62 years

7. Birth-date of deceased: MAY 10 1868
(Month) (Day) (Year)

8. AGE: Years 72 Months 11 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace Poland 7
(City, town, or county) (State or foreign country)

10. Usual occupation Retired 9

11. Industry or business _____ 9

12. Name Unknown 9

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

14. Maiden name UNKNOWN

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

16. (a) Informant Agnes Barylski

(b) Address 1711 N. 12th St.

17. (a) Burial (b) Date thereof April 20,
(Burial, cremation, or removal) (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) APR 19 1940 (b) _____
(Date received local registrar) (Signature)

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

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. G. Sullivan

Licensed Embalmer No. 1122

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.