

FILED NOV 23 1942

Registration District No. **318**

Primary Registration District No. **1003**

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

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:
1012 a Cass Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Mo.** (b) County..... **17**

(c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL")

(d) Street No. **1012 a Cass Ave**
(If rural, give location)

(e) Citizen of foreign country?..... **0** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Ignatius BIALIKIEWICZ**

3. (b) If veteran, name war..... **No**

3. (c) Social Security No. **NO**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **16**
year **1942** hour **6** minute **18** P. M.

21. I hereby certify that I attended the deceased from **June 30** 1942 to **Aug 30** 1942
and that death occurred on the date and hour stated above. **Aug 22** 1942

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widower**

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

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

7. Birth date of deceased **June 20 1879**
(Month) (Day) (Year)

Immediate cause of death.....
Coronary occlusion

Due to.....
arteriosclerosis

Due to.....
MI

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy..... **none**

8. AGE:	Years	Months	Days	If less than one day
	63	4	27	hr. min.

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

10. Usual occupation..... **Unemployed**

11. Industry or business.....

MOTHER FATHER

12. Name **John Bialikiewicz**

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

14. Maiden name **Mary Bialikiewicz**

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

16. (a) Informant **Miss Anna Bialikiewicz**

(b) Address **1012 a Cass Ave**

17. (a) **Burial** (b) Date thereof **11-19-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetary**

18. (a) Signature of funeral director **CENTRAL Und. Co.**

(b) Address **1841 Cass Ave**

19. (a) **Nov 18 1942** (b) **J. F. Brudeck**
(Date received local registrar) (Registrar's signature)

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.....

3. Signature **Michael M. Karl** (M. D. or other).....
Address **3720 Washington** Date signed **11-17-42**

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Harold E. Burnley

Licensed Embalmer No. *4202*

P. O. Address *St. Louis*

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.