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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 19 1943

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32844

Primary Registration District No. 1003

Registrar's No. 8854

1. PLACE OF DEATH:

(a) County ST. LOUIS MO

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ST. LOUIS CHILDRENS HOSP.

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 DAY (Specify whether years, months or days)

In this community LIFE

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI. (b) County 11 26 9

(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL")

(d) Street No. 928 LA BEAUME STR. (If rural, give location)

(e) Citizen of foreign country? — (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME RICHARD JOHN BARYLSKI

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife —

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

7. Birth date of deceased SEPT. (Month) 15TH (Day) 1943 (Year)

8. AGE: Years — Months — Days 2 If less than one day — hr. — min.

9. Birthplace ST. LOUIS (City, town, or county) MO (State or foreign country)

10. Usual occupation CHILD

11. Industry or business —

FATHER 12. Name EDWARD BARYLSKI

FATHER 13. Birthplace ST. LOUIS (City, town, or county) MO (State or foreign country)

MOTHER 14. Maiden name ELVERA LEPSKI

MOTHER 15. Birthplace ST. LOUIS. (City, town, or county) MO. (State or foreign country)

16. (a) Informant Edward Barylsky

(b) Address 928 La Beaume St.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT. 7 = 43 (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director Brockland Und Co

(b) Address 1827 HOGAN STR.

19. (a) OCT 7 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT. day 6TH year 1943 hour 845 minute A. M.

21. I hereby certify that I attended the deceased from —, 19—, to —, 19—; that I last saw h— alive on —, 19—; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Prematurity	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations —

Of autopsy Prematurity

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 Gilbert B. Forber (M. D. or other)

Address St. Louis, Mo. Date signed 10-6-43

(Licensed Embalmer's Statement on Reverse Side)

To Embalming
John B. Brockland
Sec-Treas Brockland Undertaking Co.

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.....

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, fact should be so stated above.