No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16132

FILED MAY 28 1944

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. 3967

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: 4165 Westminster
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 3 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Illinois (b) County St. Clair

(c) City or town Scott Field NRO
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A.? --- 2 years.

3. (a) PRINT FULL NAME OSCAR V. BARANDY

3. (b) If veteran, name war -----

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mildred Ruhle Barandy

6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased July (Month) 4 (Day) 1907 (Year)

8. AGE: Years 36 Months 9 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace South Bend, Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Soldier

11. Industry or business U. S. Army

FATHER
12. Name Oscar Barandy
13. Birthplace Hungary 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Rosa Fodor
15. Birthplace Hungary 4
(City, town, or county) (State or foreign country)

16. (a) Informant Pete Gardner
(b) Address Belleville, Ill.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/27/44 (Month) (Day) (Year)
(c) Place: burial or cremation Belleville, Ill.

18. (a) Signature of funeral director Seth Gardner
(b) Address Belleville, Illinois

19. (a) APR 28 1944 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27 year 1944 hour 4 minute 00 P.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.

Immediate cause of death Paraldehyde Poisoning, from an overdose of Paraldehyde taken as a sedative in the home at
Due to 4165 Westminster Place, April 27, 1944.
Duration

Due to _____

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

Major findings:
Of operations _____

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) Accident
(b) Date of occurrence April 27, 1944
(c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Home
(Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature James F. Fitzimmons for me (M. D. or other)
Address 1300 Clark Ave Date signed 4/28/44

(Licensed Embalmer's Statement on Reverse Side)

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.

Body not embalmed.

Signed Geo. Haddow

Licensed Embalmer No.....

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.