S. No. 2
I—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28841

FILED SEP 2 1947

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 7761

1. PLACE OF DEATH:
(a) County
(b) City or town ST. LOUIS MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1537 A. N. 17TH STR
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 66 YRS.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI. (b) County
(c) City or town ST. LOUIS.
(If outside city or town limits, write "RURAL")
(d) Street No. 1537 A. N. 17TH STR.
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country NONE

3. (a) PRINT FULL NAME FRANCES BIELICKI.
3. (b) If veteran name war NONE
3. (c) Social Security No. NONE
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife THOMAS BIELICKI
6. (c) Age of husband or wife if alive DEC'D years
7. Birth date of deceased SEPT. (Month) 15TH (Day) 1879 (Year)

8. AGE: Years 67. Months 10. Days 29. If less than one day hr. min.

9. Birthplace GERMANY (City, town, or county) (State or foreign country)
10. Usual occupation HOUSE WORK.
11. Industry or business AT HOME
MOTHER FATHER
12. Name PAUL OLSZEWSKI.
13. Birthplace GERMANY (City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN.
15. Birthplace GERMANY (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Mary Stiens
(b) Address 5075 Geraldine ave.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG 18-47. (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEM.
18. (a) Signature of funeral director Brookland Und. Co
(b) Address 1827 Hogan Stn
19. (a) AUG 15 1947 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 14TH year 1947. hour 12 40 minute P. M.
21. I hereby certify that I attended the deceased from 9-24-44 19..., to 7-31-47 19...; that I last saw h... alive on 7-31-47 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CORONARY-SCLEROSIS	2
Due to CHRONIC-INTERSTITIAL NEPHRITIS	3 yr
Due to HYPERTENTION	3 yr
Other conditions HEAT-EXHAUSTION (Include pregnancy within 3 months of death)	2 days

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause of 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 0
23. Signature Jos. J. Nawrocki (M. D. or other)
Address 1901 Madison St Date signed 8-15-47

Jefferson City Printing Co. (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.

Signed Henry M. L. Brammer

Licensed Embalmer No. 4200

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.