

U.S. No. 300  
FORM-10-47  
Rev. 5-17-39  
I 3906

9961

FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED APR 7 1948 318

1003

Registrar's No. 2970

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

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:  
2717 Leffingwell 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 57 yrs. 10 mos 1 da  
(years, months or days)

3. (a) PRINT FULL NAME Helen Barylski.

3. (b) If veteran, name war no

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased 3 24 1890  
(Month) (Day) (Year)

8. AGE: Years 58 Months 10 Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Stanislaus Marchlewski

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

14. Maiden name unknown

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

16. (a) Informant Edward Barlyski.

(b) Address 2717 N Leffingwell Ave.

17. (a) Burial (b) Date thereof 3-29-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Goodhart & Goodhart

(b) Address 2228 St. Louis, Ave.

19. (a) MAR 24 1948 (b) J. F. Bradeau  
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

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

(d) Street No. 2717 N Leffingwell Ave.  
20 (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 25  
year 1948 hour 9 minute 30P M.

21. I hereby certify that I attended the deceased from March 18, 1948, to March 25, 1948  
that I last saw her alive on March 25, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes mellitus

Due to Coma. Large Fibroid Tumor  
Gangrene of right leg

Due to Arterial thrombosis  
Tumor unqualified

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) \_\_\_\_\_

(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 \_\_\_\_\_

23. Signature E. A. Schweininger (M.D. or other) \_\_\_\_\_  
Address 4470 Natural Bridge Date signed 3-26-48

(Licensed Embalmer's Statement on Reverse Side)

E. A. Schweininger

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

00  
17  
9

---

---

**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 *Ernest W. Spillera*

Licensed Embalmer No. *4080*

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.**