

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12782

FILED APR 11 1953

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 977

1. PLACE OF DEATH
a. COUNTY St. Louis

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY St. Louis

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Robertson

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Robertson 470

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Charles And Mc Kelvey

d. STREET ADDRESS (If rural, give location) Rds. St. Charles And Mc Kelvey Rds.

3. NAME OF DECEASED (Type or Print)
a. (First) Joseph b. (Middle) Bilski c. (Last) Sr.

4. DATE OF DEATH (Month) (Day) (Year) April 3, 1953

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH March 19, 1876

9. AGE (In years last birthday) 77 IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Moulder

10b. KIND OF BUSINESS OR INDUSTRY Moulding

11. BIRTHPLACE (State or foreign country) Poland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Unknown

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE Anna Bilski

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. 497-10-8349

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Joseph Bilski Jr. Robertson Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).
**This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion
ANTECEDENT CAUSES Arteriosclerosis
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
?

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 4201

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10 July, 1950 to 3 April, 1953, that I last saw the deceased alive on 27 March, 1953 and that death occurred at 11:54 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. E. J. Jengen M.D.

23b. ADDRESS Pattonville, Mo.

23c. DATE SIGNED 3 April 53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 4/6/53

24c. NAME OF CEMETERY OR CREMATORY Mount Lebanon Cemetery

24d. LOCATION (City, town, or county) (State) St. Louis County Mo.

DATE REC'D BY LOCAL REG. 4-3-53

REGISTRAR'S SIGNATURE Herbert R. Domb

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS M.P. Collier's Funeral Home 10123 St. Char. Rd.

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address. 10123 St. Charles

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.