

with, welfare, public service

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diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED JUL 5 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

57-922337  
STATE REGISTRATION NUMBER 3821

Registration District No. **318** Primary Registration District **1003** Registrar's No. **3821**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St Louis Mo</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>St Louis</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>3807 Utha Place</b>		Length of stay in lb <b>2/67</b>	STREET ADDRESS <b>3807 Utha Place</b>		(If outside, give location) Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Marion</b> Middle <b>Barlog</b> Last <b>Barlog</b>			4. DATE OF DEATH Month <b>6</b> Day <b>20</b> Year <b>57</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept 10-82</b>	9. AGE (In years last birthday) <b>74</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Am. F. C. Co</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Poland</b>	12. CITIZEN OF WHAT COUNTRY? <b>Yes</b>	
13. FATHER'S NAME <b>John Barlog</b>			14. MOTHER'S MAIDEN NAME <b>Catherine Mohawa</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT Address <b>Mary Barlog 3807 Utha Place</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute myocardial thrombosis</b>					INTERVAL BETWEEN ONSET AND DEATH <b>1/2 hr</b>
DUE TO <b>Coronary artery</b> Conditions (b) <b>which have rise to above cause (a) stating just before lying</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>4201</b>					
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour - Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. I attended the deceased from <b>6/20/57</b> to <b>57</b> and last saw her alive on <b>6/20/57</b> Death occurred at <b>6/20/57 5:20 P.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Paul Peters, M.D.</b>			22b. ADDRESS <b>5203 Chapin</b>		22c. DATE SIGNED <b>6/21/57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>B</b>	23b. DATE <b>6/24/57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>S.S. Peters &amp; Paul</b>		23d. LOCATION (City, town, or county) (State) <b>St Louis Mo</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Central Und Co 1841 Cass ave</b>		25. DATE RECD. BY LOCAL REG. <b>JUN 27 57</b>	26. REGISTRAR'S SIGNATURE <b>J. Carl Smith, M.D.</b>		

(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 ..... Student Embalmer No. ....  
working under my personal supervision.

Student.....  
Signature of Student Embalmer

Signed *J. W. Pister*.....

Licensed Embalmer No. 39

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.