Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 58-041351

FILED NOV 24 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10814

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: St. Louis, (If outside corporate limits, give TOWNSHIP only) — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION: Alexian Bros. Hospital (If NOT in hospital, give location) — Length of stay in Ib: 3 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: St Louis
c. CITY OR TOWN: Mehlville — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS: Box 587R - Erb Road (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Frank — Middle: — — Last: Bulinski

4. DATE OF DEATH: Month Nov. Day 8, Year 1958.

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED ☐ **NEVER MARRIED** ☒ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: September 5, 1886

9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

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

10b. KIND OF BUSINESS OR INDUSTRY: Retired 7 years

11. BIRTHPLACE (City and state or country): Poland

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

13a. FATHER'S NAME: Alexander Bulinski

13b. MOTHER'S MAIDEN NAME: Mary Anna Jankowska

14. NAME OF HUSBAND OR WIFE: None

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.: 488-07-6981

17. INFORMANT: Mrs. Joseph Droskowski - Erb Road, Mehlville Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cerebral Thrombosis	8 min
DUE TO (b)	Arteriosclerotic Heart Disease	9 yrs
DUE TO (c)	Fracture Neck of Right Femur	5 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): Fell at home — E904.0

20c. TIME OF INJURY: Hour 8:30 a.m. p.m. — Month, Day, Year 8/14/58

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): At Home

20f. CITY, TOWN, OR LOCATION: Mehlville — COUNTY: Missouri — STATE

21. I attended the deceased from 11/12/58, to 11/18/58 and last saw him alive on 11/18/58
Death occurred at 5:15 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Michael L. Bartnick M.D.

22b. ADDRESS: 7615 So Broadway

22c. DATE SIGNED: 11/10/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Nov. 11, 1958

23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery

23d. LOCATION (City, town, or county) (State): St. Louis, Missouri.

24. FUNERAL DIRECTOR: Gebken-Benz Mortuary — ADDRESS: 2842 Meramec St. St. Louis 18, Mo.

25. DATE RECD. BY LOCAL REG.: NOV 10 '58

26. REGISTRAR'S SIGNATURE: Carl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

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 Joe S. Berry

Licensed Embalmer No. 4249
P. O. Address 2842 Meramec St. St. Louis 18.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.