

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-003121

FILED VS. JAN 29 1960

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2 583** STATE FILE NUMBER

NDED

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Louis Mo		Length of stay in 1b		c. CITY OR TOWN St Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2905 Minnesota ave			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2905 Minnesota ave		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Nick Middle BARCZEWSKI Last				4. DATE OF DEATH Month Jan Day 15 Year 1960					
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 7/8/77	9. AGE (last birthday) 82		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor			10b. KIND OF BUSINESS OR INDUSTRY Muschon Metal Co		11. BIRTHPLACE (City and state or country) BOLDI '60 ILL'S		12. CITIZEN OF WHAT COUNTRY Yes		
13a. FATHER'S NAME Francis Barczewski			13b. MOTHER'S MAIDEN NAME Barbara Tomich			14. NAME OF HUSBAND OR WIFE Deceased			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) ###			16. SOCIAL SECURITY NO. 498-03#1081		17. INFORMANT Address Edward Barczewski 2905 Minnesota				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) VIRUS BRONCHO PNEUMONIA							INTERVAL BETWEEN ONSET AND DEATH 4 DAYS		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		DUE TO (c) 491x					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) GENERAL ARTERIOSCLEROSIS						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 _____ a.m. _____ p.m.		Month, Day, Year		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 8-15-59 to 1-15-60 and last saw him alive on 1-14-60				Death occurred at 8:30 p on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE O. Jones M.D. (Degree or title)				22b. ADDRESS 3616 S. BDKY - ST. LOUIS			22c. DATE SIGNED 1-16-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Jan 19 1960	23c. NAME OF CEMETERY OR CREMATORY Our Lady of Preputal		23d. LOCATION (City, town, or county) (State) Posen ILLINOIS				
24. FUNERAL DIRECTOR ADDRESS JOHN STYGAR & SON - 5541 RIVERVIEW BLVD.				25. DATE RECD. BY LOCAL REG. JAN 18 1960		26. REGISTRAR'S SIGNATURE Loan Smith, M.D.			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

211-8.13.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Harvey Kable

Licensed Embalmer No. 4596

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.