NOV 4 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

39627

File No. 10071

Registered No.

1. PLACE OF DEATH

County

Township

City St Louis, Mo. (No. , City Sanitarium St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME John Bielicki

(a) Residence, No. St. L. Training School St., N.R. Ward. St Louis Co.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary Bielicki

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 2, 1858

7. AGE: Years 78 | Months 7 | Days 21 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Chair-Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Furniture Factory

10. Date deceased last worked at this occupation (month and year): Sept. 1916

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany

FATHER

13. NAME: Mike G Bielicki

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany

17. INFORMANT (ADDRESS): Dr. T.C. Campbell 5400 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 10/26 1936

19. UNDERTAKER (ADDRESS): Gronemann Und. Co. 3770 N. Grand Blvd.

20. FILED OCT 25 1936 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/23/36, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1936 to Oct. 23/ 1936

I last saw him alive on 10/23 1936. Death is said to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

		Date of onset
Arteriosclerosis	1-1-36x	
Chronic Myocarditis	1-1-36x	
Chronic Nephritis	1-1-36x	

Other contributory causes of importance:

Senility	1-1-36x	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) T. C. Campbell, M. D.

(Address)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.