

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

12114

Registration District No. 784

Primary Registration District No. 111

State File No. _____

Registrar's No. 506

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days) 2 1/2

3. (a) PRINT FULL NAME Dorothy Ann Biegalski

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced S.

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 10, 1939
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>4</u>	<u>1</u>	hr. _____ min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

12. Name John Biegalski

13. Birthplace N.Y.
(City, town, or county) (State or foreign country)

14. Maiden name Esterre Szymendera

15. Birthplace N.Y.
(City, town, or county) (State or foreign country)

16. (a) Informant John Biegalski

(b) Address 4252 McPherson Ave.

17. (a) Burial (b) Date thereof 3-11-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) MAR 12 1940 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4252 McPherson Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 11 th. 11 day
year 1940 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from March 10, 1940 to March 11, 1940
that I last saw her alive on March 11, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Solvent pneumonia (atypic) 2 days
Duration _____

Due to _____
Due to _____
108

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Julius A. Ross (M. D. or other) _____
Address 4462 Washington Date signed 3/12/40

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

Stanley Marshall

Licensed Embalmer No. *2868*

P. O. Address: *3840 Lindell Be*

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, above space should be left blank.