No. 2
11-10-39
5-17-39
I X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 25 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

24000

State File No.

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 6445

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Sanitarium 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 yrs. 23 days (Specify whether years, months or days)

In this community 14 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 13

(c) City or town St. Louis 27
(If outside city or town limits write "RURAL")
0

(d) Street No. 1316 Hogan St
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Elizabeth Barysewicz 1.2

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John Barysewicz

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

7. Birth date of deceased Nov. (Month) 25 (Day) 1903 ~~1900~~ (Year)

8. AGE: Years 36 39 | Months 8 | Days 4 | If less than one day hr. min.

9. Birthplace Czecko Slavakia (City, town, or county) 7 (State or foreign country)

10. Usual occupation Housework 7

11. Industry or business 7

MOTHER FATHER

12. Name George Czeckos 7

13. Birthplace Czecko Slavakia (City, town, or county) (State or foreign country)

14. Maiden name Mary Paureck

15. Birthplace Czecko (City, town, or county) Slavakia (State or foreign country)

16. (a) Informant L. Deggendorf

(b) Address 5300 Arsenal

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8 1 40 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director St Louis Funeral Home

(b) Address 2205 St Louis Ave

19. (a) JUL 31 1940 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29 year 1940 hour 11:45 minute a.m. M.

21. I hereby certify that I attended the deceased from , 19 to 7-29-1940, 19 ; that I last saw her alive on 7-29-40, 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Tuberculosis	
6-4-40x	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy No	

PHYSICIAN — Underline the cause to which death should be charged statistically.

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

23. Signature L. Gainsley (M. D. or other)

Address 5400 Arsenal St Date signed

(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.....

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

working under my personal supervision.

Signed.....J. G. Sullivan

Licensed Embalmer No.....1122

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.