No. 2
-4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 13 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12788

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 3218

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

1. PLACE OF DEATH:

(a) County

(b) City or town ST. LOUIS MO.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1542 A. N. 9TH STR
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 58 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000

(c) City or town ST. LOUIS.
(If outside city or town limits, write "RURAL")

(d) Street No. 1542 A. N. 9TH STR.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 58. 0 years.

3. (a) PRINT FULL NAME JOSEPHINE F. BIELICKI

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife JACOB BIELICKI

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

7. Birth date of deceased SEPT. (Month) 26TH (Day) 1870 (Year)

8. AGE: Years 70 Months 6. Days 14. If less than one day — hr. — min.

9. Birthplace GERMANY (City, town, or county) 4 (State or foreign country)

10. Usual occupation HOUSE WORK

11. Industry or business AT HOME

FATHER
12. Name JOHN GASTA
13. Birthplace GERMANY (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name DONT KNOW.
15. Birthplace GERMANY (City, town, or county) 4 (State or foreign country)

16. (a) Informant Jacob Bielicki
(b) Address 2624 N. Union Ave

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APR. 15 1941 (Month) (Day) (Year)
(c) Place: burial or cremation GALVARY

18. (a) Signature of funeral director Brockland Und Co
(b) Address 1827 HOGAN STR

19. (a) APR 14 1941 (Date received local registrar) (b) J. F. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 11TH year 1941 hour 10:00 minute P. M.

21. I hereby certify that I attended the deceased from July 15, 1935 to Feb. 19, 1938 that I last saw her alive on September, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Sudden cardiac death	
Due to: Cardio nephritis	6 yrs.
Due to: Hypertension arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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) no
(b) Date of occurrence
(c) Where did injury occur? — none (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ~~Walter C. Kirchner, M.D.~~ (Specify type of place)
While at work? (e) Means of injury

23. Signature Walter C. Kirchner (M. D. ~~or other~~) 3
Address 508 N. Grand Blvd Date signed 4/12/41

(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 Albert G. Hoppe

Licensed Embalmer No. 2871

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, fact should be so stated above.