

No. 2
-4-41
17-39
X28390

FILED AUG 28 1941
Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Missouri
(c) Name of hospital or institution:
4440a Virginia Ave.,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days) 1 (Specify whether)

3. (a) PRINT FULL NAME August Bilickii
3. (b) If veteran. name war None
3. (c) Social Security No. 4-97-16-2278

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Bilicki
6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased June 21, 1865
(Month) (Day) (Year)

8. AGE: Years 76 Months 0 Days 20
If less than one day _____ hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name Michael Bilicki

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

14. Maiden name Mary Unknown

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

16. (a) Informant Mary Bilicki

(b) Address 4440a Virginia

17. (a) Burial (b) Date thereof 7-15-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6322 S. Grand Blvd.

19. (a) JUL 12 1941 (b) J. Bruders
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4440a Virginia Ave.,
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
Attending Physician

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11th
year 1941 hour 1 minute 30 p.a.m.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia
Fracture of Ribs, Fracture of right Clavicle when he walked in front of and was struck by a Public Power streetcar operated by Frank Magness at 209th and Oakland Ave

Duration

MOTHER FATHER

Major findings: 12:15 PM July 7 1941
Of operations _____
Of autopsy 209th

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) Accident

(b) Date of occurrence July 11th 1941

(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? Public Place
While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Thomas J. Callahan (M. D. or other) _____
Address Deputy Coroner Date signed 7/12/41

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..... *Virgil T. Berryman*
Licensed Embalmer No. *4018*
P. O. Address..... *A. Louis M.*

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, fact should be so stated above.