V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 46931

FILED MAY 3 1945

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 3712

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

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1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 39 days 8 hrs 15 min
(Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Overland 91
(If outside city or town limits, write "RURAL")
(d) Street No. 8141 Albin 13 NR
(If rural, give location)
(e) Citizen of foreign country? No 1 (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Barbara Jean Antalick
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race W
6. (a) Single, widowed, married, divorced O
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 16 (Day) 45 (Year)
8. AGE: Years | Months 1 | Days 9 | If less than one day 8 hr. 15 min.
9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Nil
11. Industry or business
FATHER
12. Name Stephen W. Antalick
13. Birthplace Livingston (City, town or county) Illinois (State or foreign country)
MOTHER
14. Maiden name Marie P. Bova
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
16. (a) Informant mother Mrs. Marie Antalick
(b) Address 8141 Albin
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-27-45 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary
18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 9840 Lindell Blvd.
19. (a) APR 26 1945 (Date received by registrar) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25th year 1945 hour 2 minute 45 A. M.
21. I hereby certify that I attended the deceased from April 22, 1945 to April 25, 1945 and that I last saw her alive on April 25, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchopneumonia	2 days
Due to	
Due to 101	
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)
(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 [illegible] (M. D. or other)
Address [illegible] Date signed 4/25/45

(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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.