

FILED DEC 24 1946
318

Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County **St. Louis**

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

(c) Name of hospital or institution:
3520 N. Garrison Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **51 years**
(Specify whether years, months or days)

In this community **51 years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **John E. Bialock**

3. (b) If veteran, name war **none**

3. (c) Social Security No. **none**

4. Sex **male**

5. Color or race **white**

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

6. (b) Name of husband or wife **Mrs. Viola Bialock**

6. (c) Age of husband or wife if alive **58** years

7. Birth date of deceased **May 26 1883**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
63	6	13	hr. min.

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

10. Usual occupation **Salesman**

11. Industry or business **Prudential Ins. Co.**

12. Name **Herschel Bialock**

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

14. Maiden name **unknown**

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

16. (a) Informant **Mrs. Viola Bialock**

(b) Address **3520 N. Garrison Ave.**

17. (a) Burial **Valhalla Cemetery**
(Burial, cremation, or removal)

(b) Date thereof **12-11-46**
(Month) (Day) (Year)

(c) Place: burial or cremation **Hy. Leidner U. Co.**

18. (a) Signature of funeral director **2223 St. Louis Ave.**

(b) Address **2223 St. Louis Ave.**

19. DEC 10 1946 **J. F. Bredbeck**
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri**

(b) County **St. Louis**

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

(d) Street No. **3520 N. Garrison Ave.**
(If rural, give location)

(e) Citizen of foreign country? **No**
(Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **9th**

year **1946** hour **7:15 AM** minute _____ M. _____

21. I hereby certify that I attended the deceased from **Aug 1 1946** to **Dec 9 1946**

that I last saw him alive on **Dec 5 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion**

Duration **30 Mo.**

Due to _____

Due to _____

Other conditions **94a**
(Includes pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

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)**

(a) Means of injury _____

23. Signature **J. E. Tappel** **(M. D. or other)** **MD**

Address **4222 N. Grand** **Date signed** **12-10-46**

4222 N. Grand

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 John P. Beckhalz

Licensed Embalmer No. 1674

P. O. Address 2223 St. Louis Ave

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.