

No. 2
-12-45
5-17-39
X4707

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. 42142
Registrar's No. 10771

FILED DEC 23 1945 318
Registration District No.

Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County..... St Louis Mo

(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:
2313 Warren 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.....
years, months or days)

3. (a) PRINT FULL NAME: Victor Paul Bialik

3. (b) If veteran, name war..... 3. (c) Social Security No. -----

4. Sex M 5. Color or race W

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

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

7. Birth date of deceased. July 8 1943
(Month) (Day) (Year)

8. AGE: Years 3 Months 5 Days 7 If less than one day hr. min.

9. Birthplace. St Louis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

12. Name. Victor Bialik

13. Birthplace. St Louis Mo
(City, town, or county) (State or foreign country)

14. Maiden name. Dorothy Lears

15. Birthplace. St Louis Mo
(City, town, or county) (State or foreign country)

16. (a) Informant. Dorothy Bialik

(b) Address. 2313 Warren str.

17. (a) Burial (b) Date thereof. 12-17-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Calvary Cemetery

18. (a) Signature of funeral director. Centrax Und Co.

(b) Address. L841 Cass ave

19. (a) DEC 16 1945 (b) F. Medeck
(Date received local health officer) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County..... 000

(c) City or town..... St Louis
(If outside city or town limits, write "RURAL") 107

(d) Street No. 2313 Warren str.
(If rural, give location) 7

(e) Citizen of foreign country?..... (Yes or No) 0

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Dec day 15
year 1946 hour 5 minute 10 M.

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

that I last saw him alive on....., 19.....;

and that death occurred on the date and hour stated above.

Immediate cause of death hemorrhage into the
antecubital cavity caused by ruptured
liver and spleen when struck with the
shot with slough by his mother Dorothy
Bialik while chastising him in the
home 2313 Warren Street Grand 8100
6 mi = Dec 15 1945

Other conditions. Domestic

(Include pregnancy within 3 months of death)

We the members of the jury recommend
that the said Dorothy Bialik be given
medical attention and be buried
in the proper hospital or institution

PHYSICIAN
Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(c) Accident, suicide, or homicide (specify cause)..... Domestic

(b) Date of occurrence..... Dec. 13 1946

(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?
Home

While at work..... (Specify type of place) at home

(e) Means of injury..... shot

23. Signature Patrick E. Taylor (M. D. or other) 3

Address. deputy coroner Date signed 12/16/46

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 *Ernest W. Spiller*
Licensed Embalmer No. *4080*

P. O. Address.....

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.