

FILED MAY 1 #6 1947

State File No. 4063

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Missouri.
(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital #1. 0
(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)

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. 1100 Linton Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16th
year 1947 hour 11:05 minute A M.
21. I hereby certify that I attended the deceased from 3/19/47
19 April 16th, 19 47
that I last saw h. im alive on April 16th, 19 47
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Tuberculosis, pulmonary,
for advanced
Due to.....
Due to.....
Other conditions.....
Cirrhosis of the liver
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME JOHN BALIGRASKI

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

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

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

7. Birth date of deceased November, 26, 1905
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
41 4 20 hr. min.

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

10. Usual occupation Laborer

11. Industry or business.....

12. Name Joe Baligroski

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

14. Maiden name Lena Barna
(City, town, or county) (State or foreign country)

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

16. (a) Informant Joe Baligroski

(b) Address Buckner, Ill.

17. (a) Burial (b) Date thereof 4/19/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cem.

18. (a) Signature of funeral director CHULICK FUNERAL HOME

(b) Address 1722 S. Jefferson Ave.

19. (a) APR 19 1947 (b) J. F. Predee
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury.....

19. (a) 1515 Lafayette (b) APR 18 1947
(Address) (Date signed)

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

MOTHER FATHER

4063

me

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: *Rex E. Campbell*

Licensed Embalmer No. *2881*

P. O. Address: *St Louis, Mo*

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.