

FILED SEP 24 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 31577

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 8080

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital		d. STREET ADDRESS (If rural, give location) 3824 Blaine Ave.	
3. NAME OF DECEASED (Type or Print) Pearl (Paraska)		4. DATE OF DEATH (Month) (Day) (Year) Sept. 17, 1949	
5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH ? ? 1881	
9. AGE (In years last birthday) 68		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
11. BIRTHPLACE (State or foreign country) Austria-Galicia		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME ?		13b. MOTHER'S MAIDEN NAME ?	
14. NAME OF HUSBAND OR WIFE Alex Baligrocki		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Alex Baligrocki ADDRESS 3824 Blaine Ave.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion, Aorta ANTECEDENT CAUSES DUE TO (b) Chronic Myocarditis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 98	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? H 2 2 2		22. I hereby certify that I attended the deceased from 9-14, 1949 to 9-17, 1949, that I last saw the deceased alive on 9-17, 1949, and that death occurred at 10:40 p.m., from the causes and on the date stated above.	
23a. SIGNATURE William W. Foreley M.D. (Degree or title)		23b. ADDRESS 3108 So. grand	
23c. DATE SIGNED 9-19-49		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 9/20/49		24c. NAME OF CEMETERY OR CREMATORY Russian Buckner Cemetery	
24d. LOCATION (City, town, or county) (State) Buckner, Ill.		25. FUNERAL DIRECTOR'S SIGNATURE Chulick Funeral Home 1722 S. Jeff. ADDRESS	
DATE REC'D BY LOCAL SEP 19 1949		REGISTRAR'S SIGNATURE J.B. Lasater	

WRITE PLAINLY—USING 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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed..... *Alex A. Chuluit*

Licensed Embalmer No. *4143*

P. O. Address *1722 S. Jeff*

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.