

FILED MAR 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7013

BIRTH NO. 12262-50 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3062 Registrar's No. 213

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| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights | c. LENGTH OF STAY (in this place) 1 day | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital | | d. STREET ADDRESS (If rural, give location) 5468A Morganford Rd. | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Barbara Ann b. (Middle) c. (Last) Jackanicz | | | 4. DATE OF DEATH (Month) (Day) (Year) 2 3 50 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married | 8. DATE OF BIRTH 2-3-50 | | 9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none | | 10b. KIND OF BUSINESS OR INDUSTRY none | 11. BIRTHPLACE (State or foreign country) Chayton Mo | | 12. CITIZEN OF WHAT COUNTRY? U.S. |

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| 13a. FATHER'S NAME Paul Jackanicz | 13b. MOTHER'S MAIDEN NAME Mary Zito | 14. NAME OF HUSBAND OR WIFE None | | |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. none | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Paul Jackanicz 5468A Morganford Rd. | | |
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| 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) Premature delivery 6 1/2 mo. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Spontaneous rupture of membranes DUE TO (c) Prematurity II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | INTERVAL BETWEEN ONSET AND DEATH 76 1/5 |
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| 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) | |

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|--|--|----------------------------|--|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? | |
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22. I hereby certify that I attended the deceased from 2-3, 1950, to 2-3, 1950, that I last saw the deceased alive on 2-3, 1950, and that death occurred at 10:25 pm, from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) Robert P. Blouke M.D. | 23b. ADDRESS 630 N. Grand | 23c. DATE SIGNED 2/4/50 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 2-6-50 | 24c. NAME OF CEMETERY OR CREMATORY SS Peter & Paul Cem. | 24d. LOCATION (City, town, or county) (State) St. Louis Mo |
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| DATE REC'D BY LOCAL REG. 2-6-50 | REGISTRAR'S SIGNATURE Robert P. Blouke | FUNERAL DIRECTOR'S SIGNATURE W. H. Boydell | ADDRESS Funeral Home 1926 Allen |
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(Licensed Embalmer's Signature on Reverse Side)

x62
4005

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

Mr. Heilbrunn Body
11-1:30

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 _____

not embalmed

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. _____

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.