

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17209**

BIRTH NO. _____		REG. DIST. NO. 162	PRIMARY REG. DIST. NO. 5394	Registrar's No. 42	
1. PLACE OF DEATH a. COUNTY JEFFERSON		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 RURAL-MERAMEC		c. LENGTH OF STAY (In this place) 6 yr 4 mo	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOSEPHS HILL INF		d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) CHARLES		a. (First) _____	b. (Middle) BACIK	c. (Last) _____	
4. DATE OF DEATH MAY 22 1950		5. SEX M			
6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE		8. DATE OF BIRTH NOV. 24 1881	
9. AGE (In years last birthday) 68		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) ST. LOUIS		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME JOHN BACIK		13b. MOTHER'S MAIDEN NAME MAGDALEN FOLTA		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Brother Paschal, St. Josephs Hill	
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) CARDIAC INSUFFICIENCY ANTECEDENT CAUSES DUE TO (b) CHRONIC-MYOCARDITIS DUE TO (c) GENERALISED ARTERIO- II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. SCLEROSIS			INTERVAL BETWEEN ONSET AND DEATH 4 1/2
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____	
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? _____	
22. I hereby certify that I attended the deceased from March 3, 1944 to May 22, 1950 , that I last saw the deceased alive on May 22, 1950 , and that death occurred at 10 a. m. , from the causes and on the date stated above.					
23a. SIGNATURE [Signature]		23b. ADDRESS ST LOUIS 3155 No VANDEVENTER		23c. DATE SIGNED MO 5/22/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAY 25 50		24c. NAME OF CEMETERY OR CREMATORY CALVAARY	
24d. LOCATION (City, town, or county) (State) St Louis MO.		25. FUNERAL DIRECTOR'S SIGNATURE Cullen & Kelly ADDRESS 4386 LINDELL			

Par John Brimmer (Licensed Embalmer's Statement on Reverse Side)

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

50 D
51 D

Filed **MAY 31 1950**

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JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED 5-29-50

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
at College of Mortuary Science Student Embalmer No. _____
working under my personal supervision.

Signed
Student Embalmer

Signed Ralph W. Henson
Licensed Embalmer No. 3791

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.