

FILED SEP 6 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28048
7202
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY ST. CLAIR	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. CITY OR TOWN EAST ST. LOUIS	
c. LENGTH OF STAY (In this place) 15 DAYS		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		e. STREET ADDRESS (If rural, give location) 7205 LAKE DR. 8128	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Wendelin	b. (Middle) NMN	c. (Last) Pirock	(Month) August	(Day) 17,	(Year) 1955

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH NOV. 11, 1892	9. AGE (In years last birthday) 62	10. IF UNDER 1 YEAR Months	11. IF UNDER 24 Hrs. Hours	12. IF UNDER 2 Hrs. Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ELECTRICIAN		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) POLAND Austria		12. CITIZEN OF WHAT COUNTRY? O.S.A.	
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13a. FATHER'S NAME JOHN PIROCK		13b. MOTHER'S MAIDEN NAME MARY GROHOVSKY		14. NAME OF HUSBAND OR WIFE MARRY PIROCK	
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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. —		17. DECEASED'S SIGNATURE OR NAME MARRY PIROCK		ADDRESS E. ST. LOUIS 111	
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia Failure		3 wks.
	ANTECEDENT CAUSES DUE TO (b) Chronic Lymphocytic Leukemia DUE TO (c)		7 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Congestive Heart Failure		3 days	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. MANNER OF DEATH (Specify) HOMICIDE	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 (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

I hereby certify that I attended the deceased from Aug. 2, 1955, to Aug. 17, 1955, that I last saw the deceased alive on Aug. 17, 1955, and that death occurred at 1:50 P.M. from the causes and on the date stated above.

23a. SIGNATURE C. J. Venillier, M.D.	(Degree or title) M. D.	23b. ADDRESS BARNES HOSPITAL	23c. DATE SIGNED 8/17/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE AUG 20, 1955	24c. NAME OF CEMETERY OR CREMATORY MT. CARMEL	24d. LOCATION (City, town, or county) (State) BELLEVILLE - ILL
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DATE REC'D BY LOCAL REG. AUG 18 1955	REGISTRAR'S SIGNATURE J. Earl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Chas Burke	ADDRESS E. ST. LOUIS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

C.A. 11/1/55

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SEP 14 1955

MALE WHITE MARRIED

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.....
Signature of Student Embalmer

Signed.....
Chas M. Burke

Licensed Embalmer No. *242*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.