

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

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39277

State File No. ....

FILED NOV 29 1955

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BIRTH NO. ....		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>2642</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY .....			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Lemay</u>		c. LENGTH OF STAY (In this place) <u>1 Month</u>		c. CITY OR TOWN <u>St. Louis</u>		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 <u>Lemay Nursing Home</u>				f. STREET ADDRESS (If rural, give location) <u>3634 Iowa</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANK</u>		b. (Middle) <u>M</u>		c. (Last) <u>BAROZINSKI</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10-10-1955</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>19-29-1885</u>	
9. AGE (In years last birthday) <u>70</u>		IF UNDER 1 YEAR (Month) (Day) <u>11</u>		IF UNDER 1 HRS. (Hour) (Min.) .....		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Mo.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working years if retired) <u>Stove Mfg. (Retired)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Quick Meal</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Frank Barozinski</u>			13b. MOTHER'S MAIDEN NAME <u>Louisa Helm</u>			14. NAME OF HUSBAND OR WIFE <u>Dora Hartmann Barozinski</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>493-10-6659</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Dora Barozinski 3634 Iowa</u>			
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) <u>Hypertensive Cordis Vasculosa Dis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis</u>  DUE TO (c) .....				INTERVAL BETWEEN ONSET AND DEATH <u>2</u>  <u>10 yr</u>	
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)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21d. TIME OF INJURY (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?			
22. I hereby certify that I attended the deceased from <u>10/25</u> , 19 <u>55</u> , to <u>11/10</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>11/10</u> , 19 <u>55</u> , and that death occurred at <u>12:12A m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Herbert R. Doube MD</u>				23b. ADDRESS <u>7615 So. Broadway</u>		23c. DATE SIGNED <u>11/11/55</u>	
24a. BURIAL, CREMATION (Specify) <u>Burial</u>		24b. DATE <u>11-12-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Concordia Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis Mo</u>	
DATE REC'D BY LOCAL REG. <u>11-10-55</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Doube MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>WINGBERMUEHLE 3819 So Grand Blvd</u>			

**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 *Geo J Angermuel*

Licensed Embalmer No. *4611*

P. O. Address *Han 18*

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.