

FILED DEC 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42664**
10655

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

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. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Brothers		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or Print) a. (First) Walter		b. (Middle) Leo		c. (Last) Bartnicki	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF DEATH (Month) (Day) (Year) 11 18 1956		9. AGE (In years) (Months) (Days) (Hours) (Min.) 74 8 2		10. DATE OF BIRTH 3-16-1882	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad Inspector		10b. KIND OF BUSINESS OR INDUSTRY C.B.&Q. R.R.		11. BIRTHPLACE (City and State or Foreign Country) Poland	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Frank Bartnicki		13b. MOTHER'S MAIDEN NAME Josephine Pawlowski	
13c. NAME OF HUSBAND OR WIFE Laura Bartnicki		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) No		16. SOCIAL SECURITY NO. 707-05-7507	
17. INFORMANT'S SIGNATURE OR NAME Laura Bartnicki		ADDRESS 4150 Tyrolean			

18. CAUSE OF DEATH - Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 5 days	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		DUE TO (b) Arteriosclerosis	
		DUE TO (c) 332x		DUE TO (d) Arterio Sclerotic Heart Disease	
		II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. 2 weeks	

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)	
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 **Nov 17, 1956**, to **11-18, 1956**, that I last saw the deceased alive on **11-18, 1956**, and that death occurred at **9:15A.M.**, from the causes and on the date stated above.

23a. SIGNATURE R. J. M. Ginnis M.D. (Degree or title)		23b. ADDRESS 16 Hampton Village Plaza		23c. DATE SIGNED 11-21-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-23-56		24c. NAME OF CEMETERY OR CREMATORY Calvary	
24d. LOCATION (City, town, of county) (State) St. Louis, Missouri					

DATE REC'D BY LOCAL REG. NOV 21 1956		REGISTRAR'S SIGNATURE J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE B. KOSAKOWSKI & SONS	
				ADDRESS 2205 St. Louis Ave.	

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *J. W. Binkley*.....

Licensed Embalmer No. *365*.....

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.