Health, Welfare Public Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 7 1957 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5046

STATE FILE NUMBER 18422

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, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes ☐ No ☐	c. CITY OR TOWN St. Louis — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 10 New Faith Hosp. — Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 2269 1311 Clinton St. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First LEO Middle PAUL Last BARCISZEWSKI		4. DATE OF DEATH Month Day Year May 27th, 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH Oct. 10, 1909
9. AGE (In years last birthday) 47	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) Bench Worker	10b. KIND OF BUSINESS OR INDUSTRY Modern Engineering	11. BIRTHPLACE (City and state or country) DeBois Ill.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Alex Barciszewski		14. MOTHER'S MAIDEN NAME Anna Zintia	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none	16. SOCIAL SECURITY NO. 489-09-8541	17. INFORMANT Ann Moore Address 1209 Monroe St.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	NEPHROSCLEROSIS	3 to 5 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	TERMINAL UREMIA	3 DAYS.
DUE TO (c)	Hypertensive Arteriosclerotic Cardio Vascular Disease	3 to 5 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 442x

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 3/13/57, to 5/27/57 and last saw her/him alive on 5/27/57
Death occurred at 6:15 PM. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) S. Kropciak M.D.	22b. ADDRESS 1901 Madison St	22c. DATE SIGNED 5/29/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 31, 1957	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
23d. LOCATION (City, town, or county) (State) St. Louis, Missouri		
24. FUNERAL DIRECTOR JOHN STYGAR & SON — ADDRESS 5541 RIVERVIEW BLVD.	25. DATE RECD. BY LOCAL REG. MAY 29 '57	26. REGISTRAR'S SIGNATURE J. Carl Smith MD MSB

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by :....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....J. M. Pustie.....

Licensed Embalmer No. 39

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.