

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-030130

STATE FILE NUMBER

FILED AUG 28 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7735

S. 300

v. 1-57

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doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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, MO.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP. #1.		Length of stay in 1b 22.59	d. STREET ADDRESS (If outside, give location) 913 Franklin Ave., Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last VINCENT (BARCHIKOWSKI) BARCIKOWSKI			4. DATE OF DEATH Month Day Year AUG. 7, 1958
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH January 8, 1885
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Window Cleaner		10b. KIND OF BUSINESS OR INDUSTRY Window Cleaning	9. AGE (In years last birthday) 75
11. BIRTHPLACE (City and state or country) Poland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Andrew Barcikowski		13b. MOTHER'S MAIDEN NAME Elizabeth Weloszyna	
14. NAME OF HUSBAND OR WIFE Lena Barcikowski		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) Yes W.V. I	
16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Walter Barcikowski, 1128 Rosalie Avenue.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Septicemia - Bacteremial pneumonia DUE TO (b) aspergillus pneumonia DUE TO (c) diaphragma fistula Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) status post operable common duct aspergillus - subtotal gastrectomy			INTERVAL BETWEEN ONSET AND DEATH 58 1/2 X
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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 7/3/58 to 8/7/58 and last saw her alive on 8/7/58 Death occurred at 4:05 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Rhyss A. Williams, M.D.		22b. ADDRESS 1515 LAFAYETTE AVE	
22c. DATE SIGNED 8/8/58		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 8-11-58		23c. NAME OF CEMETERY OR CREMATORY National Cemetery	
23d. LOCATION (City, town, or county) (State) Jefferson Barracks, Missouri.		24. FUNERAL DIRECTOR ADDRESS St. Louis Funeral Home, 2205 St. Louis Ave.,	
25. DATE RECD. BY LOCAL REG. AUG 9 '58		26. REGISTRAR'S SIGNATURE Carl Smith, M.D.	

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 *John G. Harris*

Licensed Embalmer No. *4108*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.