

FILED VS MAR 13 1961 18

1003

1927

STATE FILE NUMBER

Registration District No. Primary Registration District No. Registrar's No.

AMENDED

DATE AMENDED

INSTEAD OF DOCUMENT

SHOULD READ

BY AFFIDAVIT OF

| | | | | | | | | |
|---|--|---|--|---|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | | Length of stay in 1b | | c. CITY OR TOWN St. Louis | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Alexian Brothers Hosp. | | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) 6062 Thekla Ave. | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) BRONISLAWA BALCERZAK (BALSEZOK) | | | | First Middle Last | | 4. DATE OF DEATH Month FEB. Day 24 Year 1961 | | |
| 5. SEX Male | | 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 11/1/1887 | | |
| 9. AGE (last birthday) 73 | | IF UNDER 1 YEAR Months Days | | IF UNDER 24 HR Hours Min. | | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Molder | | | 10b. KIND OF BUSINESS OR INDUSTRY Crondelet Foundry | | 11. BIRTHPLACE (City and state or country) Poland | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME Walenty Balcerzak | | | 13b. MOTHER'S MAIDEN NAME Anna (unknown) | | | 14. NAME OF HUSBAND OR WIFE Anna Balcerzak | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not known) (If yes, give year, grades of service) | | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT Address Anna Balcerzak 6062 Thekla Ave. | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ruptured gall bladder acute peritonitis sec to "a" DUE TO (b) acute peritonitis sec to A acute renal shutdown sec to "a" DUE TO (c) acute renal shut down sec to A | | | | | | | INTERVAL BETWEEN ONSET AND DEATH 1 Day 1 Day 1 Day | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) acute cholecystitis and cholelithiasis with Cholelithiasis, Cholecystitis, A.S.G.V. Heart Dis. | | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | | |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | 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.) 584x | | | | |
| 20c. TIME OF INJURY Hour a.m. p.m. | | Month, Day, Year | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <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 2/20/61 to 2/24/61 and last saw her alive on 2/24/61 Death occurred at 2:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | |
| 22a. SIGNATURE [Signature] (Degree or title) | | | | 22b. ADDRESS 1901 Madison St | | 22c. DATE SIGNED 2/26/61 | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 2/27/1961 | 23c. NAME OF CEMETERY OR CREMATORY Galvary Cemetery | | 23d. LOCATION (City, town, or county) St. Louis Mo. | | (State) | |
| 24. FUNERAL DIRECTOR JOHN STYGAR & SON - 5541 RIVERVIEW BLVD. | | | | 25. DATE RECD. BY LOCAL REG. FEB 25 1961 | | 26. REGISTRAR'S SIGNATURE Loal 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 *W. R. Rister*

Licensed Embalmer No. 3980

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.