

Registration District No. 1003

Primary Registration District No. 1003

Registrar's No. 3376

1. PLACE OF DEATH:

(a) County _____

(b) City or town St Louis

(c) Name of hospital or institution:
2117 Menard St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Mary Burian 650

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Anton Burian

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased September 21 1858
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>81</u>	<u>6</u>	<u>21</u>	_____ hr. _____ min.

9. Birthplace Pisek Bohemia
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER

12. Name Frank Kopenc

13. Birthplace Bohemia
(City, town, or county) (State or foreign country)

14. Maiden name Rose Souhrada

15. Birthplace Bohemia
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Miss E Burian

(b) Address 2117 Menard St

17. (a) Burial (b) Date thereof April 15, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation S. S. Peter & Paul

18. (a) Signature of funeral director Beiderwieden Funl Home Inc

(b) Address 1936 St Louis Ave

19. (a) APR 14 1940 (b) _____
(Date received local registrar) (Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St Louis 23
(If outside city or town limits, write "RURAL")

(d) Street No. 2117 Menard St
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12
year 1940 hour 1 minute 40 P.M.

21. I hereby certify that I attended the deceased from Feb. 1936
_____, 19____, to April 12, 1940
that I last saw her alive on April 12, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic myocarditis - arteriosclerosis

Due to _____

Due to _____

Other conditions Chronic Cholelithiasis
(include pregnancy within 3 months of death) 1940

Major findings:
Of operations _____

Of autopsy no

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature Wm J. O'Connell (M. D. or other) _____
Address 1040 Summit Date signed 4/12/40

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PRINTED—USE 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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Felix J. Krispin*

Licensed Embalmer No. 3497

P. O. Address 1936 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 this body is not embalmed, above space should be left blank.