

ED. AUG 12 1943 314
Registration District No. **314**

Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County.....
(b) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Firman Desloge Hospital
(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 **Burda, Anthony**
3. (b) If veteran, name war..... **3. (c) Social Security** No.....

4. Sex **Male** **5. Color or race** **White** **6. (a) Single, widowed, married, divorced.** **M**
6. (b) Name of husband or wife. **Bertha Burda** **6. (c) Age of husband or wife if alive.** **63** years
7. Birth date of deceased. **March 26 - 1872**
(Month) (Day) (Year)

8. AGE
Years **71** Months **4** Days **1** If less than one day
hr. min.

9. Birthplace. **Iron Mountain Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation. **Retired Blacksmith**

11. Industry or business.

12. Name. **Anthony Burda**
13. Birthplace. **Slovakia**
(City, town, or county) (State or foreign country)
14. Maiden name. **Mary Burbon**
15. Birthplace. **Slovakia**
(City, town, or county) (State or foreign country)

16. (a) Informant. **Mrs. Bertha Burda**

(b) Address. **R. # 12 Box 165 Kirkwood,**

17. (a) Burial **(b) Date thereof** **8/2/1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. **New SS Peter & Paul**

18. (a) Signature of funeral director. **Louis H. Bopp Inc**

(b) Address. **Kirkwood, Mo.**

19. (a) AUG 1 1943 **(b) J. E. Predeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **St. Louis**
(c) City or town **Gravois Rd. Rural Kirkwood**
(If outside city or town limits, write "RURAL.")
(d) Street No. **Fenton, Mo.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **27**
year **1943** hour **2** minute **45 P. M.**

21. I hereby certify that I attended the deceased from **7-22-43**
, 19 to **7-27-43**, 19
that I last saw him alive on **7-27-**, 19 **43**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Peritonitis - generalized** **3 days**

Due to **Adeno-carcinoma of the hepatic flexure**

Due to **Embolic infarction of terminal ileum** **5 days**

Other conditions: **None**
(Include pregnancy within 3 months of death)

Major findings: **Obstruction of hepatic flexure due to Carcinoma**
Of autopsy: **Melanotic Carcinoma of Colon + regional lymph node**

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. **R. J. McMan** (M. D. or other).....

Address. **Firman Desloge Hospital** **Date signed.** **7-27-43**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

6965

6964

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 Colin M. Meyer
Licensed Embalmer No. 3288
P. O. Address Wilsnack 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 this body is not embalmed, fact should be so stated above.