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5-43
7-39
X36671

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County.....
(b) City or town St Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Alexian Bros Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Month 0
(Specify whether
In this community 60 Years In St Louis
years, months or days)

3. (a) PRINT FULL NAME FRANK SUSEK

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Male 0 5. Color or race white 6. (a) Single, widowed, married, divorced widower

6. (b) Name of husband or wife Mary Susek 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased June 22 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 7 0 hr. min.

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

10. Usual occupation Retired

11. Industry or business.....

12. Name Albert Susek

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

14. Maiden name Josephine Petrovich

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

16. (a) Informant John Susek

(b) Address 3628 Bellerive Drive

17. (a) Burial (b) Date thereof June 25/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New S. S. PETER & PAUL

18. (a) Signature of funeral director Thodatus E. Jon

(b) Address 2906 Travis Ave

19. (a) 22 1945 (b) J. F. Boudich
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96
(c) City or town St Louis County 16
(If outside city or town limits, write "RURAL")
(d) Street No. Valley Park Mo. 0
(If rural, give location)
(e) Citizen of foreign country? N.R. (Yes or No)
If yes, name country..... 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 22
year 1945 hour 8 10 AM M.

21. I hereby certify that I attended the deceased from Dec 12, 1945, to Jan 22, 1945
that I last saw him alive on Jan 77, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary embolism Duration 1 day
Due to Coronary Thromboses 3 yrs.
Ch. myocardiitis 4 yrs.
Due to Arterio Sclerosis 1 body
Senile Dementia
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings: none PHYSICIAN
Of operations..... none
Of autopsy..... none
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)..... no
(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?

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

23. Signature J. F. Boudich (M. D. or other) MD
Address 2767 Harris Date signed 12-45

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

MOTHER FATHER

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, *David Tau Forsman*

Licensed Embalmer No. *4242*

P. O. Address *2906 Service*

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.