No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 31 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10630

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 2920

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: 3933 Cleveland Avenue
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3933 Cleveland Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME FRANK C. BURIAN

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 Married

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

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased January 3-1876
(Month) (Day) (Year)

8. AGE: Years 71 | Months 2 | Days 13 | If less than one day hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Anton Burian
13. Birthplace (City, town, or county) Czechoslovakia (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Rose Burian
(b) Address 3933 Cleveland Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 19-1947 (Month) (Day) (Year)
(c) Place: burial or cremation NEWSS. Peter & Paul

18. (a) Signature of funeral director Mondell
(b) Address 1926 Allen Avenue

19. (a) MAR 18 1947 (Date received local registrar) (b) J. F. Bradach (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16th year 1947 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from Feb. 17, 1947 to March 16, 1947 that I last saw him alive on MARCH 16, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Acute nephritis — 1 wk
due to respiratory infection — 3 wks
Due to Endocarditis — 3 yrs

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 D. I. Johnson (M. D. or other) MD
Address 2801 Chippewa Date signed 3-17-47

(Licensed Embalmer's Statement on Reverse Side)

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.....

Me, Registered Apprentice No.....,

working under my personal supervision.

Signed Benj. C. Duncan

Licensed Embalmer No. 2272

P. O. Address 1926 Allen Avenue

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.