

FILED FEB 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7041

No. 300
10-48

XC- 15 848 463
Reg.# 91190

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 312

4000

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>ILLINOIS</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JEFFERSON BRKS, MO.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BELLEVILLE</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>VETERANS ADM. HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>1301 N. ILLINOIS AVE.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOSEPH</u> b. (Middle) _____ c. (Last) <u>BURIAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 3 1951</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>3-25-92</u>	9. AGE (In years last birthday) <u>58 yrs.</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AUTO MECHANIC</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>BOHEMIA</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>JOSEPH BURIAN</u>	13b. MOTHER'S MAIDEN NAME <u>BARBARA BRADA</u>	14. NAME OF HUSBAND OR WIFE <u>EDNA BURIAN</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WW I</u>	16. SOCIAL SECURITY NO. <u>322-10-5054</u>	17. INFORMANT'S SIGNATURE OR NAME <u>VA HOSPITAL RECORDS</u>	ADDRESS <u>JEFF BRKS, MO.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PARALYTIC ILEUS</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 DAYS</u>
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		DUE TO (b) <u>GANGRENE OF A PORTION OF THE SMALL BOWEL</u>		<u>7 DAYS</u>
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		<u>ARTERIOSCLEROTIC HEART DISEASE: HEALED IN FARCTS: CHRONIC ENDOCRADITIS</u>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>VA</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 1-26, 1951, to 2-3, 1951, and that death occurred at 5:00 am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>[Signature] MD</u>	23b. ADDRESS <u>VA HOSPITAL JEFF BRKS, MO.</u>	23c. DATE SIGNED <u>2-3-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>UNK</u>	24c. NAME OF CEMETERY OR CREMATORY <u>UNK</u>	24d. LOCATION (City, town, or county) (State) <u>UNK</u>
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DATE REC'D BY LOCAL REG. <u>2/3/51</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>RENNER GEMINN FUNERAL HOME</u>	ADDRESS <u>BELLEVILLE, ILL</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 _____

not Embalmed
working under my personal supervision.

Student Embalmer No. _____

Student
Student Embalmer

Signed _____

Geo R. Kerner
Licensed Embalmer No. *2314 Mo*

P. O. Address _____

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.