

No. 300
10-48
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STANDARD CERTIFICATE OF DEATH

State File No. **21806**

Registrar's No. **5503**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo		2139	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Infirmiry Hospital		d. STREET ADDRESS 13 5600 Arsenal St			
3. NAME OF DECEASED (Type or Print) Mary		a. (First)		b. (Middle)	
				c. (Last) Burdock	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	
8. DATE OF BIRTH April 15 1879		9. AGE (In years last birthday) 73		10. UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Austria	
12. CITIZEN OF WHAT COUNTRY? yes		13a. FATHER'S NAME John Jansinska		13b. MOTHER'S MAIDEN NAME Mary ? Unknown	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME City Infirmiry Records 5600 Arsenal St		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 4200	
22. I hereby certify that I attended the deceased from 4/12 , 19 49 , to 6/14 , 19 52 , that I last saw the deceased alive on 6/14 , 19 52 , and that death occurred at 7:40AM , from the causes and on the date stated above.					
23a. SIGNATURE George M. Tanaka, M.D.		(Degree or title)		23b. ADDRESS 5600 Arsenal	
23c. DATE SIGNED 6/14/52		24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 6/17/52	
24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery St Louis Mo		24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE J. Carl Smith, M.D.	
DATE REC'D BY LOCAL REG. JUN 16 1952		REGISTRAR'S SIGNATURE J. Carl Smith, M.D.		ADDRESS Central Funeral Home 1841 Cass St	

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Robert M. Murray

Licensed Embalmer No. 3749 N

P. O. Address. St. Louis, 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.