

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **37184**

FILED OCT 29 1952

BIRTH NO.		REG. DIST. NO. <b>317</b>	PRIMARY REG. DIST. NO. <b>590</b>	Registrar's No. <b>2608</b>
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Glendale</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Glendale</b>		
c. LENGTH OF STAY (In this place) <b>10 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>727 Edwin Ave.</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>727 Edwin Ave.</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>WILLIAM</b>		b. (Middle) <b>ROBERT</b>		c. (Last) <b>BOUZEK</b>
4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 9, 1952</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Dec. 24, 1894</b>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days Hours Min. <b>57 9 15</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Manager</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>J. F. McFall Co.</b>		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>				
13a. FATHER'S NAME <b>Charles Bouzek</b>		13b. MOTHER'S MAIDEN NAME <b>Rose Ptacek</b>		14. NAME OF HUSBAND OR WIFE <b>Anna Bouzek</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes W.W. I</b>		16. SOCIAL SECURITY NO. <b>497-03-5351</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Elizabeth McDermott, Glendale, Mo.</b>
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>unknown natural causes</b> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>7955</b>		INTERVAL BETWEEN ONSET AND 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?
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.				
23a. SIGNATURE <b>Herbert R. Donohue, M.D.</b> (Degree or title) <b>By G. D. Buchmiller, Deputy Commissioner</b>		23b. ADDRESS <b>651 S. Brentwood Blvd.</b>		23c. DATE SIGNED <b>22 Oct 52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>10/11/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Peter &amp; Paul</b>
24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>				
DATE REC'D BY LOCAL REG. <b>10-10-52</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Donohue, MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Louis H. Bonn, Inc., Kirkwood, Mo.</b>

52 (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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Felix Demand

Licensed Embalmer No. 3034

P. O. Address Waukegan 22 Ill

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.