

FILED MAR 31 1955

STANDARD CERTIFICATE OF DEATH

State File No. **10266**

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2143**

BIRTH NO.		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>2143</b>			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MO.</b> b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) <b>Whorus</b>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5696 Kingsbury</b>				STREET ADDRESS (If rural, give location) <b>12 5004 Delmar 21270</b>					
3. NAME OF DECEASED a. (First) (Type or Print) <b>Frank</b>			b. (Middle)		c. (Last) <b>Susanka</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>March 6 1955</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>W.</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>February 27 1894</b>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days Hours Mts. <b>71 0 7</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Clerk</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Telephone Co</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Francis W. Susanka</b>			13b. MOTHER'S MAIDEN NAME <b>Maria Jones</b>			14. NAME OF HUSBAND OR WIFE <b>Theresa</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>8063517</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Wm. M. Susanka 924 Buena Vista</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Emphysema - severe</b> INTERVAL BETWEEN ONSET AND DEATH <b>5 yrs</b> ANTECEDENT CAUSES DUE TO (b) <b>Bronchitis, chr Bronchitis</b> <b>5 yrs</b> DUE TO (c) <b>Arteriosclerosis</b> <b>10 yrs</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						II. OTHER SIGNIFICANT CONDITIONS	
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? <b>5021</b>					
22. I hereby certify that I attended the deceased from <b>March 5, 1955</b> , to <b>Mar 6, 1955</b> , that I last saw the deceased alive on <b>March 6, 1955</b> , and that death occurred at <b>7 am</b> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>John B. Shapleigh M.D.</b>				23b. ADDRESS <b>3720 Washington St. Louis, Mo.</b>			23c. DATE SIGNED <b>Mar 8, 1955</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Feb 9 - 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Cavalary Cem</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo</b>			
DATE REC'D BY LOCAL REG. <b>MAR 8 1955</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith MD</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Guy Miller 5041 Delmar</b>				

(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.....  
Signature of Student Embalmer

Signed..... *W. W. Wilkinson*

Licensed Embalmer No. *35*

P. O. Address *W. Louisiana*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.