

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

3361

1. PLACE OF DEATH

County Registration District No. 791
 Township St. Louis Primary Registration District No. 2412
 City St. Louis (No. 2412) Salona St. Ward)

File No.
 Registered No. 260 St. Ward)

2. FULL NAME

(a) Residence No. 2412 Salona St. 23 Ward.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Burjeck
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) about 1858
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. about 74 Unknown or min.
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Printer-Printer
 (b) General nature of industry, business, or establishment in which employed (or employer) Newspapers
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis Mo
 (STATE OR COUNTRY)

PARENTS
 10. NAME OF FATHER Thomas J Burjeck
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Bohemia
 12. MAIDEN NAME OF MOTHER Unknown
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT William F Burjeck
 (Address) 2412 Salona St

15. J. N. - 8 1933
 FILED 19 May 2 1933
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 6 1933
 I HEREBY CERTIFY That deceased from January 2 1933 to death 1933
 that I last saw h. alive on January 5 1933, and that death occurred, on the date stated above, at 11/300 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Interstitial Nephritis of abdominal Dropsy
1931

17. CONTRIBUTORY (SECONDARY) 1931
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH:

DID AN OPERATION PRECEDE DEATH: DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS Urinalysis
 (Signed) Christian H. Eymann, M.D.
1/7, 1933 (Address) 1722 South Jefferson

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St Peter & Paul DATE OF BURIAL Jan 9 1933

20. UNDERTAKER Mr E. Moyall ADDRESS 1924 Allen

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

