

1940
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Registration District No. 791

Primary Registration District No. _____

Registrar's No. 104891. PLACE OF DEATH: 1000

- (a) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3884 Mc Donald
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 4 mos.
 years, months or days)

3. (a) PRINT FULL NAME Emma Susanka 2523. (b) If veteran, name war. --- 3. (c) Social Security No. _____4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married6. (b) Name of husband or wife John 6. (c) Age of husband or wife if alive 65 years7. Birth date of deceased Aug 16
(Month) (Day) (Year)8. AGE: Years 62 Months 3 Days 21 If less than one day
hr. _____ min. _____9. Birthplace St. Louis, Mo's
(City, town, or county) (State or foreign country)10. Usual occupation housewife11. Industry or business at home12. Name Leopold Engler 718. Birthplace Europe
(City, town, or county) (State or foreign country)14. Maiden name unknown
(City, town, or county) (State or foreign country)15. Birthplace unknown
(City, town, or county) (State or foreign country)16. (a) Informant's own signature John Susanka(b) Address 3884 McDonald17. (a) burial (b) Date thereof 12/9/39
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation St. Paul Churchyard18. (a) Signature of funeral director Fendler Und. Co.(b) Address 7420 Michigan Ave.19. (a) BEC 7 1939 (b) J. F. Brudick
(Date received local registrar) (Registrar's signature)2. USUAL RESIDENCE OF DECEASED: 1

- (a) State Missouri (b) County _____
 (c) City or town St. Louis, Mo. 16
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3884 Mc Donald
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6th DECEMBER day _____
year 1939 hour 12 minutes 30 P.M.21. I hereby certify that I attended the deceased from 9/9/39
_____, 19____, to 12.6.1939that I last saw her alive on Dec 6, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Chronic myocarditis 6 mos.
Pulmonary embolus 6 day

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: _____ PHYSICIAN _____
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury 123. Signature Eugene A. Vogel (M. D. or other) MDAddress 3325 S. Grand Date signed 12/7/39

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

Alvin E. Gurdick, Registered Apprentice No. 186

working under my personal supervision.

Signed W. W. Collins

Licensed Embalmer No. 3887

P. O. Address H. Bond

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, above space should be left blank.