

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

17138

State File No. \_\_\_\_\_

Registration District No. 791

Primary Registration District No. \_\_\_\_\_

Registrar's No. 4616

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
 (b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
3121a Miami St. 2  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)  
 In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis 16  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 3121a Miami St.  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24th  
 year 1940 hour 9 minute 15 M.  
 21. I hereby certify that I attended the deceased from Jan. 1938  
 \_\_\_\_\_, 19 \_\_\_\_\_ to May 24, 19 40  
 that I last saw her alive on May 24, 19 40  
 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia  
Secondary  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions Ch. Hypertension  
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

Major findings:  
 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?

White at work? \_\_\_\_\_  
(Specify type of place) (e) Means of injury

23. Signature J. F. Buebeck (M. D. or other) \_\_\_\_\_  
 Address 3606 St. Louis St. Date signed 5-24-40

3. (a) PRINT FULL NAME EVA FUSKO 2871  
 3. (b) If veteran, name war nil 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Martin 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Nov. 23, 1861  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
78 6 1 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Czecho-Slovakia  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework 7

11. Industry or business \_\_\_\_\_

12. Name John Kotuc 7

13. Birthplace Czecho-Slovakia  
(City, town, or county) (State or foreign country)

14. Maiden name Okruski 7

15. Birthplace Czecho-Slovakia  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Martin Fusko

(b) Address 3121a Miami St.

17. (a) Burial (b) Date thereof May 27-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director M. C. Mayhew

(b) Address 1926 Allen Ave.

19. (a) MAY 25 1940 (b) J. F. Buebeck  
(Date received local registrar) (Signature)

WHILE MAINLY USE UNFADING BLACK INK—MAKE 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.

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**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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Benj. C. Dunham*

Licensed Embalmer No. *2272*

P. O. Address *1926 Allen*

**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.**