

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 5170

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution St. Louis City Hospital #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 Days  
(Specify whether years, months or days) 30 YEARS

3. (a) PRINT FULL NAME Frank Synek

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced DIVORCED

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive unk years

7. Birth date of deceased About 1883  
(Month) (Day) (Year)

8. AGE: Years About 57 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Bohemia (City, town, or county) (State or foreign country)

10. Usual occupation RETIRED.

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

12. Name ? SYNEK

13. Birthplace Bohemia (City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Bohemia (City, town, or county) (State or foreign country)

16. (a) Informant Frank Synek Jr.

(b) Address 2211 Shenadoah St.

17. (a) Cremation (b) Date thereof June 25/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Thornton & Son

(b) Address 2906 Gravois Ave.

19. (a) JUN 24 1941 (b) J. J. [Signature]  
(Date of civil registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis. (If outside city or town limits, write "RURAL") 1723  
(d) Street No. 2211 Shenadoah St. (If rural, give location)  
(e) If foreign born, how long in U. S. A. 30 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22, year 1941 hour 5:00 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from June 7, 19 41 to June 22, 19 41, that I last saw him alive on June 22, 19 41, and that death occurred on the date and hour stated above.

Immediate cause of death hypertensive heart disease with cardiac enlargement

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration,

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature J. M. [Signature] (M.D. or other) 6723/41  
Address 1515 Lafayette Ave., Date signed \_\_\_\_\_

WRITE PLAINLY—USE 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

*David M. Van Fossen,*

Registered Apprentice No. *280.*

working under my personal supervision.

Signed

*David M. Van Fossen*

Licensed Embalmer No.

*1619*

P. O. Address

*2906 Grove*

**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.**