

FILED JAN 21 1946
318

1003

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3009 Oregon Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community Life.
years, months or days

3. (a) PRINT FULL NAME WILLIAM J. SUDA

3. (b) If veteran, name war _____

3. (c) Social Security No. 498-03-5507

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Barbara Suda

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Aug. 21. 1877
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>68.</u>	<u>4</u>	<u>19</u>	<u>hr.</u>	<u>min.</u>

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Costa

11. Industry or business _____

MOTHER FATHER { 12. Name Anton Suda

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 ROSE HEGGER

(b) Address 3930 Fillmore

17. (a) Burial (b) Date thereof Jan 14/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEW St. PETER & PAUL

18. (a) Signature of funeral director Frank Curtis & Son

(b) Address 2906 Gravois Ave.

19. (a) JAN 11 1946 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3009 Oregon Ave
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10
year 1946 hour 12 30 PM M.

21. I hereby certify that I attended the deceased from Jan 10 1946 to Jan 10 1946
that I last saw him alive on Jan 10 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia
La Grippe

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) [Signature]

Major findings: Of operations _____

Of autopsy _____

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

(a) Accident, suicide, or homicide (specify) no

(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? _____

23. Signature [Signature] (M. D. or other) _____
Address 2840 California Date signed 1/11/46

PHYSICIAN
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
3177

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

Leop. Budd

Licensed Embalmer No.

3989

P. O. Address

St. Louis, Mo

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.