S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

22252

State File No.

FILED JUN 20 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5017

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: City Hospital #1 O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

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. 1110 Lafayette Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

600
2317
9
0

3. (a) PRINT FULL NAME FRANK SURAN

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male O

5. Color or race White

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

6. (b) Name of husband or wife Anna Suran

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

7. Birth date of deceased About 1869
(Month) (Day) (Year)

8. AGE: Years About 77 Months Days If less than one day hr. 6 min.

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

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER

12. Name (Unknown) Suran

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

14. Maiden name Unknown

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

16. (a) Informant Anna Suran
(b) Address 1110 Lafayette Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-5-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Old SS. Peter & Paul

18. (a) Signature of funeral director Wm. C. Mogdill
(b) Address 1926 Allen Avenue

19. (a) JUN 4 1946 (Date received local registrar) (b) J. F. Brenneck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3rd year 1946 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of the neck
Due to Injuries received when deceased fell out of bed while home
Due to 1110 Lafayette Ave on May 18th 1946 at about 4:30 P.M.
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) accident
(b) Date of occurrence May 18 1946
(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? Home
(Specify type of place)
While at work? (e) Means of injury fall

23. Signature Gabriel E. Smith (M. D. or other)
Address Day Cu Date signed 6/3/46

(Licensed Embalmer's Statement on Reverse Side)

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 me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Benj. C. Duncan

Licensed Embalmer No. 2272

P. O. Address 1926 Allen Avenue

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.