

FILED MAR 24 1947

Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis MO**
(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: **3420 Gasconade**
(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

3. (a) PRINT FULL NAME **John J. Bultas**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Anna Vansk** 6. (c) Age of husband or wife if alive **75** years

7. Birth date of deceased **Aug 7th 1868**
(Month) (Day) (Year)

8. AGE: Years **78** Months **8** Days **6** If less than one day _____ hr. _____ min.

9. Birthplace **Columbia Ill**
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business **Retired**

12. Name **Frank Bultas**

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

14. Maiden name **Mary Duheck**

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

16. (a) Informant **Mrs. Anna Bultas**

(b) Address **3420 Gasconade**

17. (a) **Burial** (b) Date thereof **3-17-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **S. S. Peter & Paul Cem**

18. (a) Signature of funeral director **Wingermuehle**

(b) Address **3819 S. Grand Blvd**

19. (a) **MAR 15 1947** (b) **J. F. Brudeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(If outside city or town limits, write "RURAL")
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **3420 Gasconade**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **3rd** day **13th**
year **1947** hour **9/30** minute **A.M.** M.

21. I hereby certify that I attended the deceased from **February 17, 1947** to **March 17, 1947**
that I last saw him alive on **March 13, 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis** Duration **34 yrs**
Due to **Chronic Interstitial Nephritis** **24 yrs**
Due to **Coronary Sclerosis** **7 mos**

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations **131**

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature **J. P. Keim M.D.** (M. D. or other) **0**
Address **2720 McManis Ave** Date signed **3-15-47**

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

Signed..... *Ernest W. Spillars*.....
Licensed Embalmer No..... *4080*.....
P. O. Address.....

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.