

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1911 Congress Street
(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 osa
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1911 Congress Street 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME EMIL BURSHEK
(b) If veteran, name war _____
(c) Social Security No. 490-03-4860

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 6th
year 1948 hour 2 minute 15 P.M.
21. I hereby certify that I attended the deceased from
10-22 1947 to 3-6 1948
that I last saw him alive on 3-5 1948
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Frances Burshek
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased January 6-1892
(Month) (Day) (Year)

Immediate cause of death Coronary Occlusion
Due to myocarditis 2-3 mos

8. AGE: Years 56 Months 2 Days 0
If less than one day _____ hr. _____ min.

Due to hypertension 6 mos.
Other conditions hypertension
(Include pregnancy within 9 months of death)

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

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

10. Usual occupation Foreman

11. Industry or business Cordege Mills

12. Name Frank Burshek

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

14. Maiden name Frances Travnicek

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

16. (a) Informant Frances Burshek

(b) Address 1911 Congress Street

17. (a) Burial (b) Date thereof 3-9-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection

18. (a) Signature of funeral director Myrtle Lind, Co.

(b) Address 1926 Allen Avenue

19. (a) MAR 8 1948 (b) J. J. Bredeck
(Data received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) None
(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. J. Swekosky (M. D. or other) M.D.
Address 25-65a Jefferson Date signed 3-8-48

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.....

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

Signed Benj. L. 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.