FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 6 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24138

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 6540

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: ENROUTE CITY HOSPITAL 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 35 YRS.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County 000
(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1919 GEYER 9
(If rural, give location)
(e) Citizen of foreign country? 23 (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME CHARLES BUCHEK SR.
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 MARRIED
6. (b) Name of ~~husband~~ or wife ELIZABETH
(c) Age of ~~husband~~ or wife if alive 53 years
7. Birth date of deceased SEPT. (Month) 2 (Day) 1886 (Year)

8. AGE: Years 61 Months 10 Days 21 If less than one day hr. min.

9. Birthplace CZECHO SLOVAKIA 6
(City, town, or county) (State or foreign country)
10. Usual occupation CAR REPAIR MAN
11. Industry or business ILLINOIS CENTRAL RAILROAD
FATHER
12. Name JOHN BUCHEK 1
13. Birthplace CZECHO SLOVAKIA 6
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name ROSIE MALAK
15. Birthplace CZECHO SLOVAKIA 6
(City, town, or county) (State or foreign country)
16. (a) Informant ELIZABETH BUCHEK
(b) Address 1919 GEYER
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 26, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation RESURRECTION CEM.
18. (a) Signature of funeral director Thomas Kutis + Son
(b) Address 2906 GRAVOIS
19. (a) JUL 25 1948 (Date received local registrar) (b) J. F. Bucheck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month JULY day 23
year 1948 hour 5:45 minute P.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 Chronic Interstitial Nephritis; Cirrhosis of the liver.
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy
Duration
124

PHYSICIAN
Underline the cause of 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)
While at work? (e) Means of injury
23. Signature Patrick E. Taylor (M. D. or other)
Address D.C. Date signed 7-24-48

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

Jefferson City Printing Co. (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.....

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

working under my personal supervision.

Signed Homer C. Hill

Licensed Embalmer No. 4347

P. O. Address 2906 Grava

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.