REC'D OCT 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1003

31091
Do not use this space.

Registration District No.
Primary Registration District No.
Registered No. 8528

1. PLACE OF DEATH
(a) County
(b) Township
(c) City Sst. Louis Mo
(d) Street No. Deaconess Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Mary Hajos 220
(a) Residence, No. 5259 Emerson Ave. St. 7
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF the late Frank Hajos

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 8-1865

7. AGE: Years 73 | Months 4 | Days 20 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Housework
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hungary

FATHER
13. NAME Gregory Kapuy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hungary

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs Anna Soltess
(ADDRESS) 5259 Emerson Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Oct. 1-1938

19. FUNERAL DIRECTOR (NAME) Hy. Leidner Und. Co.
(ADDRESS) 1417 N. Market St.

20. FILED SEP 29 1938 19 J. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 27-38, 19

22. I HEREBY CERTIFY, That I attended deceased from SEPT. 27, 1938 6 A.M. SEPT 27, 1938 P.M.
I last saw h. E. K alive on SEPT. 27, 19 38 Death is said to have occurred on the date stated above, at 11:30 a.m. p.m.
The principal cause of death and related causes of importance were as follows:

CEREBRAL HEMORRHAGE — Date of onset 9/27/38 10 AM

Other contributory causes of importance:
CHRONIC NEPHRITIS
ARTERIOSCLEROSIS

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) H. J. Niebruegge M.D. M. D.
(Address) 3621 No 20th STR. ST. LOUIS MO.

(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

.3221 n.20

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 John P. Buchholz

Licensed Embalmer No. 1674

P. O. Address 2223 St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.