

FILED MAY 15 1940

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No.

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

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
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 D**
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME **Paul Kovaz** **120**

3. (b) If veteran, name war _____ 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 Kovaz** 6. (c) Age of husband or wife if alive **65** years

7. Birth date of deceased **Jan 5 Th 1873**
(Month) (Day) (Year)

8. AGE: Years **67** Months **2** Days **28** If less than one day hr. _____ min.

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

10. Usual occupation **Laborer**

11. Industry or business **St. Louis Basket Co**

MOTHER FATHER { 12. Name **George Kovaz**
13. Birthplace **Hungaria**
(City, town, or county) (State or foreign country)
14. Maiden name **Susanna Grucha**
15. Birthplace **Hiungaria**
(City, town, or county) (State or foreign country)

16. (a) Informant **John Kovaz**
(b) Address **1621 Delmar 1940**

17. (a) **Burial** (b) Date thereof **April 15 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **FRIEDENS CEM.**

18. (a) Signature of funeral director **Edward Hoch**

(b) Address **3514 N 14 Th Str**

19. (a) **APR 4 1940** (Date received local registrar) **J. J. [Signature]** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County _____
(c) City or town **1521 Penrose Str 2C**
(If outside city or town limit write "RURAL")
(d) Street No. **City Hospital**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **2**, year **1940** hour **1:40** minute _____ P. A. M.

21. I hereby certify that I attended the deceased from **March 30**, 19 **40** to **April 2**, 19 **40**;

that I last saw him alive on **April 2**, 19 **40** and that death occurred on the date and hour stated above.

Immediate cause of death _____

Myocardial Infarct

Due to **Coronary Artery Disease**

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy **As above**

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) (e) Means of injury _____

28. Signature **V. E. Friedwald** (M. D. or other) _____
Address **1515 Lafayette** Date **5/1/40**

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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 732 Lenox

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, above space should be left blank.