

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

**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: Congress Hotel  
(If not in hospital or institution, write street number or location) **3**  
(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 \_\_\_\_\_  
(c) City or town St. Louis **12**  
(If outside city or town limits, write "RURAL") **0**  
(d) Street No. 275 No. Union Blvd.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Emily Fekete.

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Shas R. Fekete 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Oct. 2, 1863.  
(Month) (Day) (Year)

8. AGE: Years 76. Months 11 Days 19 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation At Home.

11. Industry or business \_\_\_\_\_

FATHER { 12. Name George Miller.

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

14. Maiden name Raise

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

MOTHER { 16. (a) Informant Samuel K Baer

(b) Address #275 No. Union Blvd.

17. (a) Entombment (b) Date thereof 9-23-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Maus

18. (a) Signature of funeral director L. R. Eupton & Sons  
(b) Address #7233 Delmar Blvd.

19. (a) SEP 22 1940 (b) J. F. Brudek  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Sep day 21  
year 1940 hour 8:45 minute a M.

21. I hereby certify that I attended the deceased from Sep 11  
1940 to Sep 21, 1940,  
that I last saw him alive on Sep 20, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death acute dilatation of heart Duration \_\_\_\_\_

Due to chronic myocarditis

Due to \_\_\_\_\_

Other conditions. \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

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) (e) Means of injury \_\_\_\_\_

23. Signature H. W. Weiss (M. D. or other) \_\_\_\_\_

Address 2341 So. Kingshighway Date signed 9/21/40

2301, 188. *[illegible]*  
Pr. 7/22.

**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 \_\_\_\_\_

*Don K. Muschay*

Registered Apprentice No. 219

working under my personal supervision.

Signed *Bradford A. Miles*

Licensed Embalmer No. 2901

P. O. Address St. Louis, Mo.

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

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