

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

34154

State File No. 8851

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

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:
4600 Tyrolean
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether
In this community 60 yrs.
years, months or days)

3. (a) PRINT FULL NAME Katherine Faix

8. (b) If veteran, name war..... 8. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Paul 6. (c) Age of husband or wife if alive years

7. Birth date of deceased April 12 1858
(Month) (Day) (Year)

8. AGE: Years 82 Months 6 Days 13 If less than one day hr. min.

9. Birthplace Rokus Hungary
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

12. Name Schlesinger

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

14. Maiden name unknown

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

16. (a) Informant Mrs. J. S. Plesz
(b) Address 4600 Tyrolean

17. (a) Burial (b) Date thereof Oct 28 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marcus Church

18. (a) Signature of funeral director John St. Marcus

(b) Address 7027 Gravois Ave.

19. (a) OCT 28 1940 (b) J. F. Bruckner
(Date received local registration) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4600 Tyrolean
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 60 yrs. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 25
year 1940 hour 8 minute 15 A.M.

21. I hereby certify that I attended the deceased from Oct 10 1940 to Oct 25 1940
that I last saw her alive on Oct 23 1940
and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral Hemorrhage Duration 15 min

Due to

Due to Hypertension

Other conditions 87
(Include pregnancy within 3 months of death)

Major findings: Of operations

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 J. F. Bruckner (M. D. or other)
Address 6844 Gravois Date signed 10/26/40

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 C. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Gray

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.