

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 37393
Registrar's No. 9666

Registration District No. 791

Primary Registration District 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:
St. Ann's Maternity Hosp./
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 months 2 days
(Specify whether
In this community lifetime
years, months or days)

FILED DEC 11 1940

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis. 19
(If outside city or town limits, write "RURAL")
(d) Street No. 4357 Mc Pherson
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 24 at
year 1940 hour 10 minute P M.
21. I hereby certify that I attended the deceased from July 23rd
_____, 1940, to Nov 24, 1940,
that I last saw he alive on Nov 24, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Congenital Heart Disease
Due to _____
Due to _____
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Ann Zentay

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 single

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

7. Birth date of deceased July 8 1940
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
4 17 hr. _____ min.

9. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation none 7

11. Industry or business _____ 0

12. Name Paul J. Zentay 0

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

14. Maiden name Elisbeth Grayon

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

16. (a) Informant Dr. Paul J. Zentay

(b) Address 4357 Mc Pherson

17. (a) Cremation (b) Date thereof 11/26/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Wagoner Und. Co.

(b) Address 3621 Olive, St. Louis, Mo.

19. (a) Nov 25 1940 (b) J. F. Budisch
(Date received local registrar) (Registrar's signature)

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) (a) Means of injury _____

23. Signature Jules W. Brock (M. D. 1)
Address 1427 Union Date signed 11/25/40

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

*M. Embalmer
N. H.*

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.....

Licensed Embalmer No.....

P. O. Address.....

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.