

Registration District No. 791 Primary Registration District No. Registrar's No. 4824

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: St. Anthony's Hospital
(If not in hospital or institution, write street number or location)
 (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 000
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 5523 Holly Hills Blvd.
(If rural, give location)
 (e) If foreign born, how long in U. S. A? 0 years.

3. (a) PRINT FULL NAME KATHERINE MAJTAS
 3. (b) If veteran, name war no
 3. (c) Social Security No. none

4. Sex Female / 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife George Majtas
 6. (c) Age of husband or wife if alive 50 years
 7. Birth date of deceased: April 7 1893
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>48</u>	<u>2</u>	<u>3</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
 12. Name George Sovis
 13. Birthplace Slovakia
(City, town, or county) (State or foreign country)
 14. Maiden name Catherine Susansky
 15. Birthplace Slovakia
(City, town, or county) (State or foreign country)

16. (a) Informant George Majtas
 (b) Address 5523 Holly Hills

17. (a) Burial (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director Wm. C. Mayhall
 (b) Address 1926 Allen Ave.

19. (a) 10 1941 (b) S. Bilisek
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10th
 year 1941 hour 5 minute 0 M.

21. I hereby certify that I attended the deceased from 10/19
 _____, 1940, to 6/10, 1941;
 that I last saw her alive on 6/9, 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
 Duration _____

Cancer of R. L. Ovary 7/8/40

Due to Mitastases - Uterus 10/23/40

Due to Prostate Stomach and Liver

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

Major findings: 10/23/40 Cancer of R. L. Ovary and Uterus
 Of operations _____
 Of autopsy no

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 Alvert P. Pina (M. D. or other) _____
 Address 1841 212th Date signed 9/10/41

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.....

Benj. C. Duncan

Licensed Embalmer No. *2272*

P. O. Address *1926 Allen*

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, fact should be so stated above.