

179
S. No. 2
M-9.4-41
v. 5-17-39
I X29484

FILED APR 13 1942 91

Registration District No.

Primary Registration District No. **1003**

Registrar's No.

1. PLACE OF DEATH:

(a) County **St. Louis, Missouri**
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. Louis City Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 Days**
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **28th 000**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **2715 St. Vincent**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country..... **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **16**,
year **1942** hour **6:10** minute **P.M.**
21. I hereby certify that I attended the deceased from **March**
14, 19**42**, to **March 16**, 19**42**
that I last saw her alive on **March 16**, 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Septicemia
Pericarditic process - left
Due to..... **Hydronephrosis - Right**
No Stones
Due to..... **Cause of abscess undetermined**
Other conditions.....
(Include pregnancy within 3 months of death)
133 f 3

Duration
5 days?
3 mths?
8 yrs?

PHYSICIAN
Major findings:
Of operations.....
Of autopsy **Bodily damaged kidneys & large abscess about the left one**
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)
23. Signature **Frank D. Giff** (M.D. or other)
Address **1515 Lafayette Ave.** Date signed **3/17/42**

3. (a) PRINT FULL NAME **Anne Komlosy (Komlosy)**

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

4. ~~Female~~ **Female** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Alex Komlosy** 6. (c) Age of husband or wife if alive **62** years
7. Birth date of deceased **June 27th 1884**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 **8** **17** hr. min.

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

10. Usual occupation **Housewife**

MOTHER FATHER
11. Industry or business.....
12. Name **John Smago**
13. Birthplace **Hungary**
(City, town, or county) (State or foreign country)
14. Maiden name **Anna Burek**
15. Birthplace **Hungary**
(City, town, or county) (State or foreign country)

16. (a) Informant **Alex Komlosy**
(b) Address **2716 St. Vincent**
17. (a) **Burial** (b) Date thereof **3-19-42**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **New St. Peter Paul**

18. (a) Signature of funeral director **Freyshauser, Max**
(b) Address **4228 So. Kingshighway**
19. (a) **APR 18 1942** (b) **J. G. Bledsoe**
(Date received local registrar) (Registrar's signature)

844 (Licensed Embalmer's Statement on Reverse Side)

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

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 *Reinhold K. Salzman*

Licensed Embalmer No. *3395*

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, fact should be so stated above.