

S. No. 2  
-1-4-41  
5-17-39  
P I X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

9022

FILED APR 17 1942

State File No. \_\_\_\_\_

3081

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2904 California Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 36 Years In St Louis  
years, months or days (Specify whether)

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. 2904 California  
(If rural, give location)  
(e) Citizen of foreign country? Yes Hungary (Yes or No)  
If yes, name country 36 Years In St. Louis

3. (a) PRINT FULL NAME FRANCES NAGY

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Jan 5th 1870  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
72 2 29 hr. min.

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

10. Usual occupation At Home

11. Industry or business Housewife

12. Name John Valentin

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 Antonette Nagy

(b) Address 2904 California Ave

17. (a) Burial (b) Date thereof April 7th 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New S.S. Peter & Paul

18. (a) Signature of funeral director Thorndike & Son

(b) Address 2906 Gravois Ave

19. (a) APR 6 1942 (b) J. F. Brediek  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4th  
year 1942 hour 11 06 A.M. M.

21. I hereby certify that I attended the deceased from March 15 1942 to April 4 1942  
that I last saw her alive on April 4 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia hypostatis  
Lobar

Due to Carcinoma Rectum

Due to Carcinoma sigmoid upper  
Carcinoma Yutary Bladder

Other conditions (Include pregnancy within 3 months of death)

Major findings: Ho Of operations None hopeless

Of autopsy Ho None

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following none

(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. Brediek (M. D. or other) md

Address 2717 Morris Date signed 4-6-42

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

0-0  
17  
9

MOTHER FATHER

844 (Licensed Embalmer's Statement on Reverse Side)

Dr. Doublet  
Hawaii & California

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

*Adolf Jan Jorsan*

Registered Apprentice No. *280*

working under my personal supervision.

Signed

*Thos. Curtis*

Licensed Embalmer No. *1619*

P. O. Address *2906 Hawaii's*

**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.**