

FILED JUN 10 1942 **791**

Registration District No. **1** Primary Registration District No. **1003**

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:
5335 Gilson
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 50 yrs.

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. 5335 Gilson
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Stephanie Till

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 March 1 1881
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26 year 1942 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from 3-3-42 1942 to 5-26-42 1942
that I last saw her alive on 5-26 1942
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>2</u>	<u>26</u>	hr. _____ min. _____

Immediate cause of death:
Chronic Lymphatic Leukemia

Due to _____

Due to _____

Other conditions: no
(Include pregnancy within 3 months of death)

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

10. Usual occupation at home

11. Industry or business _____

MOTHER { 12. Name not known

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

14. Maiden name not known

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

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Erwin Cr. Otto
(b) Address 5409 Walsh

17. (a) Burial (b) Date thereof 5-29-42
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director John Ziegner
(b) Address 7207 Gravois Ave.

19. (a) MAY 29 1942 (b) J. F. Bredek
(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) (e) Means of injury 0

23. Signature J. F. Bredek (M. D. or other) 0
Address 25700 S. Highway Date signed 5-27-42

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

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17
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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 Gravois*

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.