

AUG 14 1942

Registration District No. 791

Primary Registration District No. _____

Registrar's No. 6497

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: Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 DAYS
(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. 5325 Gilson Ave.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31
year 1942 hour 1 04 AM minute _____ M.

21. I hereby certify that I attended the deceased from July 18th 1941 to July 31 1942
that I last saw him/her alive on July 30th 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiovascular
Syphilis of the
neurovascular
system
Duration Many
years

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 VETA TOROK

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

4. Sex Female / race White 5. Color or race _____ 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife George Torok 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased March 10th 1878
(Month) (Day) (Year)

8. AGE: Years 64 Months 4 Days 21 If less than one day _____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business Housewife

12. Name ? Grana

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

14. Maiden name Unknown

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

16. (a) Informant George Torok

(b) Address 5325 Gilson St.

17. (a) Burial (b) Date thereof Aug 3rd. 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Picker

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

(b) Address 2906 Gravois Ave.

19. (a) AUG 1 1942 (b) J. T. Bredent
(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
Signature Henry P. Graul M.D. (M. D. or other) _____
Address 2905 Cherokee St. Date signed _____

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.....

Thor Kitis

Licensed Embalmer No. *1619*

P. O. Address. *2906 Yavois*

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.