

Registration District No. 318

Primary Registration District No. 1003

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:
Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... 1 day (Specify whether
In this community..... 35 Years
years, months or days)

3. (a) PRINT FULL NAME

Marie Pifat

3. (b) If veteran, name war

None

3. (c) Social Security No.

None

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

6. (b) Name of husband or wife..... Charles Pifat 6. (c) Age of husband or wife if alive..... 55 years

7. Birth date of deceased..... December 6, 1891
(Month) (Day) (Year)

8. AGE: Years | Months | Days | If less than one day
50 | 9 | 7 | hr. min.

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

10. Usual occupation..... At home

11. Industry or business.....

12. Name..... Stephen Kovats

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

14. Maiden name..... Barbara Fensch

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

16. (a) Informant..... Charles Pifat

(b) Address..... 5814 Pamplin Ave

17. (a) Burial (b) Date thereof..... 9/16/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Calvary Cemetery

18. (a) Signature of funeral director..... Math Hermann & Son

(b) Address..... 2161 East Fair Ave

19. (a) SEP 15 1942 (b) J. F. Brudeck
(Date received local registration) (Registrar's signature)

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..... 5814 Pamplin Ave
(If rural, give location)
(e) Citizen of foreign country?..... Unknown (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... September day..... 13th
year..... 1942 hour..... 10:00 AM minute..... M.

21. I hereby certify that I attended the deceased from
Sept 3 1942 to Sept 12 1942
that I last saw her alive on Sept 12 1942
and that death occurred on the date and hour stated above.

Immediate cause of death.....

pulmonary embolism

Due to.....

Due to.....

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

Major findings:
Of operations.....

Of autopsy..... pulmonary embolism

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)..... N/D

(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..... fall

23. Signature..... Russell Glaser (M. D. or other) P.O.

Address..... 4032 W. FLORISSANT Date signed..... 9/15/42

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 Francis A. Williams

Licensed Embalmer No. 3565

P. O. Address. St Louis Mo

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.