

V. S. No. 2
50M-542
Re 5-17-43
I 332873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15497
State File No. _____
Registrar's No. 901

FILED MAY 6 1943

Registration District No. 317

Primary Registration District No. 6076

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

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1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town W. Walnut Manor
(c) Name of hospital or institution:
7045 Lena Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 33 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. 7045 Lena Ave (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Louise Novak
3. (b) If veteran, name war No. 3. (c) Social Security No. 494-10-6698

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 14th v. 1908
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
34 9 0 hr. _____ min.

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

10. Usual occupation Cutter & Stitcher

11. Industry or business Wolf-Tober Shoe Co.

MOTHER, FATHER { 12. Name Peter Novak
13. Birthplace Hungary
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Engi
15. Birthplace Hungary
(City, town, or county) (State or foreign country)

16. (a) Informant Peters Novak
(b) Address 7045 Lena Ave

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4-16-43
(Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Clavin D. Smith
(b) Address 4828 North Grand Ave

19. (a) APR 16 1943 (Date received local registrar) (b) P. J. McElaron (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 14th day April
year 1943 hour 12 minute 45 A. M.

21. I hereby certify that I attended the deceased from Sept 1942 to Apr 13 43
that I last saw her alive on Apr 13 43
and that death occurred on the date and hour stated above.

Immediate cause of death Pulm. Tbc Duration 8 mo

Due to _____

Due to _____

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

Major findings: Of operations _____
Of autopsy 3/1

PHYSICIAN
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 6 (Specify type of place) (e) Means of injury _____

23. Signature W. J. Schmidt (M. D. or other)

Address 6244 W. Plummer Date signed Apr 19/43

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.....

John A. Menard....., Registered Apprentice No.....
working under my personal supervision.

Signed *John A. Menard*.....

Licensed Embalmer No. *4186*.....

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.