

FILED JUN 4 1943
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(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 _____ (Specify whether)

In this community _____ (Specify whether)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo. (b) County 17

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 9/5

(d) Street No. 4225 Ellenwood Ave.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Helen Lungstras

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19th
year 1943 hour 3:30 minute P.M. M.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Late Emil Lungstras

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan. 21st 1857
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 9 1943 to May 19 1943
that I last saw her alive on May 19 1943
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>86</u>	<u>3</u>	<u>28</u>	hr. _____ min.

Immediate cause of death Septic ehr - myocarditis

Due to _____

Due to _____

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

10. Usual occupation Housewife

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

11. Industry or business _____

MOTHER FATHER { 12. Name Marian VonTalkacz

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

14. Maiden name Emily

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

Major findings: Of operations None

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Hubert Lungstras

(b) Address 4225 Ellenwood Ave.

17. (a) Valhalla (b) Date thereof 5-22-43
(Month) (Day) (Year)

(c) Place: burial or cremation Grove Crematory

18. (a) Signature of funeral director Kriegshauser Mortuary

(b) Address 4228 So. Kingshighway Blvd.

19. (a) MAY 20 1943 (b) J. J. Brudick
(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 June

(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? _____

23. Signature J. J. Brudick (M. D. or other) MD

Address 3606 N. 2nd Date signed 5-22-43

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

5606
1-7
Hansen

Dec 25 1974
Pl. 9377

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 Richard W. Hansen
Licensed Embalmer No. 4007
P. O. Address.....

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.