

FILED AUG 23 1943 318

Registration District No. \_\_\_\_\_

Primary Registration District No. **1003**

Registrar's No. **7383**

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:  
**1848 S.12 Str. /**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **17**  
(c) City or town **St. Louis,**  
(If outside city or town limits, write "RURAL") **023**  
(d) Street No. **1848 S.12 Str.**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Mary Hangya**

3. (b) If veteran, name war **No** 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Female** 5. Color or race **Wht.** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Stephen Hangya** 6. (c) Age of husband or wife if alive **70** years

7: Birth date of deceased **Unknown** **About** **1874**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**Abt. 69** **Unknown** hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

12. Name **John Seba**

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

14. Maiden name **Unk.**

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

16. (a) Informant **Stephen Hangya**

(b) Address **1848 S.12 Str.**

17. (a) **Burial** (b) Date thereof **Aug. 17. 43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New Picker**

18. (a) Signature of funeral director **Wm. E. Moyall**

(b) Address **1926 Allen Ave**

19. (a) **AUG 15 1943** (b) **J. F. Braddock**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug. 15** day **15**  
year **1943** hour **2** minute **A.** M.

21. I hereby certify that I attended the deceased from **February 8,**  
**1943** to **August 3,** **1943.**  
that I last saw her alive on **August 3,** **1943.**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Heart failure**  
Due to **Chronic myocarditis** **2 yrs.**

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Due to \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature **Tupper Plump** (M. D. or other)  
Address **5253 S Grand Blvd.** Date signed **8/16/43**

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

MOTHER FATHER

**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 me  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed W. B. Moydell  
Licensed Embalmer No. 1467  
P. O. Address 1926 Allen Ave

**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.**