

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26949

State File No. _____
Registrar's No. **7455**

X26390

FILED AUG 30 1943 18

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:
3333a Minnesota 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 **Unknown**
years, months or days)

2. USUAL RESIDENCE OF DECEASED: **000**

(a) State **Missouri** (b) County **17**

(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL") **916**

(d) Street No. **3333a Minnesota Ave.**
(If rural, give location)

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

If yes, name country **0**

3. (a) PRINT FULL NAME **Eva Olajos**

3. (b) If veteran, name war **--**

3. (c) Social Security No. **489-03-7641**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **17**
year **1943** hour **4** minute **00 P.M.**

4. Sex **Female** / **White** / **Married**

5. Color or race

6. (a) Single, widowed, married, divorced, **Married**

6. (b) Name of husband or wife **Joseph Olajos**

6. (c) Age of husband or wife if alive **64** years

7. Birth date of deceased **February 5, 1878**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **July**, 19**42** to **8-17-**19**43**
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

65	6	12	hr. min.
-----------	----------	-----------	----------

Immediate cause of death **central embolism** **17**
Duration

9. Birthplace **Hungary** **4**
(City, town, or county) (State or foreign country)

Due to **Hypertension**

Due to **Senility** **17**

10. Usual occupation **Handwork**

Other conditions **17**
(Include pregnancy within 3 months of death)

11. Industry or business **Curlee Clothing Co.**

12. Name **Thomas Wyant**

13. Birthplace **Hungary** **4**
(City, town, or county) (State or foreign country)

14. Maiden name **Barbara Knopf**

15. Birthplace **Hungary** **4**
(City, town, or county) (State or foreign country)

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant **Aurelia Fedl**

(b) Address **5412 Dewey Street**

17. (a) **Burial** (b) Date thereof **8 20 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New St. Marcus Cem.**

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? _____

18. (a) Signature of funeral director **Shacker-Heldrich & Co.**

(b) Address **3634 Gravois Avenue**

19. (a) **AUG 19 1943** (b) **H. Brudeck**
(Date received local registrar) (Registrar's signature)

While at work? _____
(Specify type of place) (e) Means of injury

23. Signature **L. F. Murray** (M. D. or other) **17**
Address **900 - Russell** Date signed **8-15-43**

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

Signed.....

Robert Wheeler

Licensed Embalmer No.....

2128

P. O. Address.....

St. Louis

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.