

FILED JUL 8 1944

Registration District No. 818Primary Registration District No. 1003Registrar's No. 5877

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:
Josephine Heitkamp Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 0 (Specify whether
 In this community 0 years, months or days)

3. (a) PRINT FULL NAME Baby Nagy

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Male 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 June 29, 1944
 (Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 0 If less than one day 1 hr. 10 min.

9. Birthplace St. Louis Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business _____

12. Name Anton Nagy 4
 13. Birthplace Hungary
 (City, town, or county) (State or foreign country)

14. Maiden name Irene Albertine
 15. Birthplace St. Louis Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Anton Nagy
 (b) Address 4357 Potomac St.

17. (a) Burial (b) Date thereof June 30, 44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old SS. Peter & Paul Weick Bros. Und. Co.

18. (a) Signature of funeral director 2201 S. Grand Bl.

(b) Address 2201 S. Grand Bl.
 19. (a) JUN 30 1944 J. F. Bredech
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
 (c) City or town St. Louis (If outside city or town limits, write "RURAL") 169
 (d) Street No. 4357 Potomac St. (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No) N
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29
 year 44 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from 6:29 to 6:29, 1944
 that I last saw him alive on 6:29, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Intermittent Hemorrhage Duration 8 hrs. 10 min.

Due to Contracted Palsies, large head of child
 Due to _____

Other conditions none
 (Include pregnancy within 3 months of death)

Major findings: Procep. Delivery

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? Cm.

(Specify type of place) _____
 While at work? _____ (e) Means of injury _____
 23. Signature K. Gulian Ch. Kala (M. D. or other) MD
 Address 5603 Cherokee St. Date signed 6-30-44

STATEMENT BY LICENSED EMBALMER

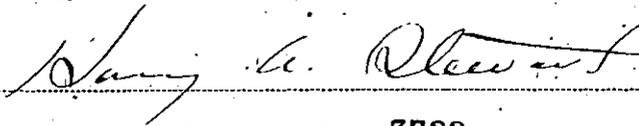
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Not Embalmed

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....



Licensed Embalmer No. **3722**

P.O. Address **412 Duchouquette St.**

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.