

No. 2
M-543
7. 5-17-39
P I X38671

State File No. _____

FILED OCT 6 1944
318

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 8299

1. PLACE OF DEATH:

(a) County St. Louis Missouri

(b) City or town St. Louis Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days
(Specify whether _____)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

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

(d) Street No. 2407 S. 18th St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Stephan Arvay

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 28th
year 1944 hour 9:00 minute A. M.

21. I hereby certify that I attended the deceased from 9/25/44
19____ to Sept. 28th 19 44

that I last saw him im alive on Sept. 28th 19 44
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Margaret 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Unknown About 1885
(Month) (Day) (Year)

Immediate cause of death Arteriosclerotic Heart Disease

Due to _____

Due to _____

Other conditions Chronic Cor pulmonale
(Include pregnancy within 3 months of death)

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

About 59 Unknown hr. min.

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations 93

Of autopsy Refused

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name John Arvay

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

14. Maiden name Katherine ?

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

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? _____

16. (a) Informant Margaret Arvay

(b) Address 2407 S. 18th Street

17. (a) Burial (b) Date thereof Oct. 1, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation S. S. Peter & Paul

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature Tracy Fincher (M. B. or other) u-9
1515 Lafayette Date signed 9/28/44

18. (a) Signature of funeral director Wm. E. Moydell

(b) Address 1926 Allen Ave.

19. (a) SEP 29 1944 (b) J. Z. Bredack
(Date received local registrar) (Registrar's signature)

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 D. M. Lewis
Licensed Embalmer No. 3741
P. O. Address 1926 Allen

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.