

1. PLACE OF DEATH:

(a) County _____
(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 8 mo-17 days
(Specify whether
In this community 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County San
(c) City or town St. Louis 17 21
(If outside city or town limits, write "RURAL")
(d) Street No. 1944a Cass Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country n

3. (a) PRINT FULL NAME

Ignatz Max

3. (b) If veteran,
name war None

3. (c) Social Security
No. None

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 April 27 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 4 22 hr. min.

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

10. Usual occupation Porter

11. Industry or business _____

MOTHER FATHER { 12. Name Andrew Max
13. Birthplace Washington Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Hattie Cornsic
15. Birthplace Unknown Poland
(City, town, or county) (State or foreign country)

16. (a) Informant Martin Max
(b) Address 1944a Cass Ave.

17. (a) Burial (b) Date thereof 9-21-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) SEP 20 1944 (b) J.F. Brudich
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day: 19th
year 1944 hour 5 minute 15 P M.

21. I hereby certify that I attended the deceased from Jan 1944 1944, to Sept. 19th 1944
that I last saw him alive on Sept. 19th 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Tongue with metastases Duration 3 yrs
Due to st. jugula digitor. Hope
Due to 45
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy None
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 M. B. Bubl (M. D. or other) 9/20/44
Address 1515 Lafayette Date signed _____

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

84x

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.....

John Agnoski

Licensed Embalmer No. *3398*.....

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.