#39510 Harangozo

V. S. No. 2
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ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7786

FILED APR 13 1945

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 2934

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 #1.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

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")

(d) Street No. 2508 S. 10th St.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Paul Harangozo

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

3. (c) Social Security No. ----

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Katherine Harangozo

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased February (Month) 3 (Day) 1874 (Year)

8. AGE: Years 71 Months 1 Days 27 If less than one day hr. min.

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

10. Usual occupation Painter

11. Industry or business

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

MOTHER
14. Maiden name Lena ?
15. Birthplace (City, town, or county) Hungary (State or foreign country)

16. (a) Informant Katherine Harangozo
(b) Address 2508 S. 10th Street

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 4/2/45 (Month) (Day) (Year)
(c) Place: burial or cremation Missouri

18. (a) Signature of funeral director Wm C. Moydell
(b) Address 1926 Allen Ave.

19. (a) APR 2 1945 (Date received local registrar) J. F. Bresek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30th year 1945 hour 6:35 minute P M.

21. I hereby certify that I attended the deceased from , 19 , to 3/30/45, 19 ; that I last saw him alive on 3/30/45, 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Lung	
Due to	
Due to	
Other conditions Bronchiectasis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Same

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

23. Signature E. W. Gieburski (M. D. or other)
Address 1515 Lafayette Date signed 3/31/45

(Licensed Embalmer's Statement on Reverse Side)

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

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. Davis.

Licensed Embalmer No. 3741

P. O. Address 1926 allen av

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.