

FILED APR 23 1945

Registration District No. 377

Primary Registration District No. 6076

Registrar's No. 723

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Ballwin mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pine Creek Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 10 mo. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Ballwin 96
(If outside city or town limits, write "RURAL")
(d) Street No. on Hwy. 50. 9
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Neff Kate

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

4. Sex F 1. Color or race White 2. (a) Single, 2 divorced, married, 2
(b) Name of husband or wife unknown (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 37 12-18-72
(Month) (Day) (Year)

8. AGE: Years 74 Months 73 Days 1 3 If less than one day hr. min.

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

10. Usual occupation none

11. Industry or business none

MOTHER FATHER
12. Name unknown
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace Hungarian 4
(City, town, or county) (State or foreign country)

16. (a) Informant Lille Antoin
(b) Address 740 N. Euclid

17. (a) burial (b) Date thereof 3-19-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lakewood Park

18. (a) Signature of funeral director Franklin Leon Paul

(b) Address 4911 Washington Blvd

19. (a) MAR 20 1945 (b) D. McKeauson
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15th
year 1945 hour 5 minute 55P. M.

21. I hereby certify that I attended the deceased from Jan 15th, 1945, to March 15, 1945,
that I last saw her alive on March 14th, 1945,
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to _____

Due to _____

Other conditions Atherosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations ASD
Of autopsy _____

Duration
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 injury)
(e) Means of injury _____

23. Signature R. St. Janssen (M. D. or other)
Address Madison St. Mo. Date signed 3/15/45

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

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

Signed Felix Durand

Licensed Embalmer No. 3034

P. O. Address Kirkwood mo

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.

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