

FILED DEC 31 1945
Registration District No. 18

STANDARD CERTIFICATE OF DEATH

State File No. 35371
Registrar's No. 10170

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

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

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

(d) Length of stay: In hospital or institution 7 days
(Specify whether emotional)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 5017 Delmar Blvd.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ROSE HAVAS

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

4. Sex Fem. 5. Color or race White

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

6. (b) Name of husband or wife Eugene Havas 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Sept Unknown 5 - 1884
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 24th
year 1945 hour 8:45 minute A M.

21. I hereby certify that I attended the deceased from 11/17/45
1945 to 11/24/45 1945
that I last saw her alive on 11/24/45 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia Duration _____

8. AGE: about 53 Years 2 Months 19 Days
If less than one day _____ hr. _____ min.

Due to _____

Due to _____

9. Birthplace Hungary 4
(City, town, or county) (State or foreign country)

10. Usual occupation At home

Other conditions Chronic Bronchitis, Hypertrophic Arthritis
(Include pregnancy within 3 months of death)

11. Industry or business Unknown

Name _____ Birthplace Hungary 4
(City, town, or county) (State or foreign country)

Maiden name Unknown Birthplace Hungary 4
(City, town, or county) (State or foreign country)

Major findings: _____
Of operations _____

Of autopsy none available

16. (a) Informant Emery Havas
Address 5904 Delmar Blvd.

(b) Date thereof 11-26-45
(Month) (Day) (Year)

(c) Place: burial or cremation B'nai Amoona Cem.

18. (a) Signature of funeral director Herman Rindhoff
Address 5216 Delmar Blvd.

19. (a) NOV 25 1945 (b) J. F. Bredesch
(Date received local registrar) (Registrar's signature)

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 W. Hamilton (M. D. or other) M.D.
Address 1515 Lafayette Date signed 11/24/45

COPIES WHEN
can be
11-24-45

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.....

J. P. Burgess

Licensed Embalmer No.....

4029

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 30371

State of Missouri
County of St. Louis ss.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 10170

On this 13 day of Dec, 1945, before me appears Herman Rudschoff, who, upon his oath, states that the original record of birth for Rose H. was, Dec 11-24, 1945, in the State of Missouri, and which was filed at _____ on _____, 19____, should be corrected as follows:

Item No. 8 should read age 61-2-19.

Instead of _____ 53

Item No. 7 should read Sept. 5-1884

Instead of _____ unknown

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant Herman Rudschoff - under Relationship son

5216 Delmar
Present Address.

Subscribed and sworn to before me this 13 day of Dec, 1945.

My Commission expires 3/4/49 Paul Padlock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

