

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10612

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis

(c) Name of hospital or institution City Hospital
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution Couple hours
(If not in hospital or institution, write street number or location)
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County oao

(c) City or town St. Louis 177
(If outside city or town limits, write "RURAL")

(d) Street No. 3662 Falson 9
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME ELIZABETH DIERKING

MEDICAL CERTIFICATION

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

3. (c) Social Security No.

20. DATE OF DEATH: Month 12 day 5
year 1945 hour 1:20 P.M. minute 08 M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Fred 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased August 15 1892
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....

that I last saw h..... alive on....., 19.....

and that death occurred on the date and hour stated above.

8. AGE: Years 53 Months 3 Days 20 If less than one day
hr. min.

Immediate cause of death Stroke
of arteriosclerosis of the heart
and brain
of the brain

Due to.....

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

Other conditions (Include pregnancy within 3 months of death) None

10. Usual occupation Housewife

11. Industry or business.....

12. Name Joseph Narsy

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

14. Maiden name Unavailable

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

16. (a) Informant Fred A. Dierking

(b) Address 3662 Falson

17. (a) Removal-Train (b) Date thereon Dec 8 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Melwaykes this

18. (a) Signature of funeral director J. J. Bredock
(b) Address 7024 Linsell Blvd

19. (a) DEC 7 1945 (b) J. J. Bredock
(Date of local registration) (Registrar's signature)

Major findings:
Of operations.....
Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) suicide

(b) Date of occurrence Dec 5 1945

(c) Where did injury occur? at home
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
home

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

23. Signature [Signature] (M. D. or other) 3
Address [Signature] Date signed 12/7/45

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.....

Licensed Embalmer No.....

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.