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. 7426

FILED FEB 20 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1129

1. PLACE OF DEATH:

(a) County

(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: CITY HOSPITAL O
(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 O.C.

(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3546 a MAGNOLIA 16 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME LOUISE FINGERHUT

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife JOHN

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased JAN (Month) 5 (Day) 1900 (Year)

8. AGE: Years 46 Months 0 Days 26 If less than one day hr. min.

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

10. Usual occupation HOUSEWIFE AT HOME

11. Industry or business

FATHER 12. Name LEO HOLAUS

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

MOTHER 14. Maiden name UNKOWN

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

16. (a) Informant JOHN FINGERHUT

(b) Address 3546 a MAGNOLIA

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB 4 1946 (Month) (Day) (Year)

(c) Place: burial or cremation NEW ST. MARCUS CEM.

18. (a) Signature of funeral director Thomas Kutis & Son

(b) Address 2906 GRAND VOIS AVE.

19. (a) FEB 2 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 1 year 1946 hour 3 minute P.M.

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.

Immediate cause of death Tubovarchoid hemorrhage of ovis (Salpingitis) Intravenous hemorrhage of Pituitary — Duration

Due to When she fell down the back steps at her home on or about Jan. 4 1946 exact time Unknown

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) Accident

(b) Date of occurrence about Jan 24 1946

(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) Home

While at work? (e) Means of injury As above

23. Signature E. Myh (M. D. or other) Address Date signed 2/2/46

(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 .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed David Lee Fossan.

Licensed Embalmer No. 4242

P. O. Address 2906 Harris 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.