

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4216 Clayton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 18 years
years, months or days)

3. (a) PRINT FULL NAME Mrs. Mary Somogyi

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 Somogyi 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased October 29, 1896
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
49 6 28 hr. min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name John Werderets
13. Birthplace Austria 4
(City, town, or county) (State or foreign country)
14. Maiden name Julia Bunn
15. Birthplace Austria 4
(City, town, or county) (State or foreign country)

16. (a) Informant John Somogyi

(b) Address 4216 Clayton

17. (a) Burial (b) Date thereof May 30, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Beiderwieden F. H., Inc.

(b) Address 1936 St. Louis Avenue

19. (a) MAY 1946 (b) J. F. Braden
(Date received local registrar's certificate) (Registrar's signature)

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. 4216 Clayton
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27,
year 1946 hour 7: minute 00 A. M.

21. I hereby certify that I attended the deceased from December 15, 1945 to May 27, 1946
that I last saw him alive on May 25, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary artery disease Duration 1 hr

Due to Chronic hypertension yes

Due to 94

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) _____
(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 A. M. Frank (M. D. or other) MD
Address 3651 Franklin Date signed 5/28/46

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.....

Glen W. Hays

Licensed Embalmer No.....

3737

P. O. Address.....

1936 St. Louis

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.