V. S. No. 2
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Rev. 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. 21219

FILED JUL 12 1946

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 99

1. PLACE OF DEATH:
(a) County St. Charles
(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1108 South Benton Avenue
(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 St. Charles
(c) City or town St. Charles
(If outside city or town limits, write "RURAL")
(d) Street No. 1108 South Benton Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Frank J. Horvath
3. (b) If veteran, name war NIL
3. (c) Social Security No. 329-10-5424
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Julia A (Stutz) Horvath
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 18 (Day) 1881 (Year)
8. AGE: Years 64 Months 11 Days 6 If less than one day hr. min.
9. Birthplace Austria (City, town, or county) Hungary (State or foreign country)
10. Usual occupation Tool & Die Maker
11. Industry or business Rampo-Ajax
FATHER 12. Name Frank Horvath
13. Birthplace Austria (City, town, or county) Hungary (State or foreign country)
MOTHER 14. Maiden name Eva Kelbach
15. Birthplace Austria (City, town, or county) Hungary (State or foreign country)
16. (a) Informant Mrs. Julia A. Horvath
(b) Address 1108 S. Benton-St. Charles, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof June 27-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary St. Louis, Mo.
18. (a) Signature of funeral director H. C. Dallmeyer & Sons Co
(b) Address 800 N. 2nd-St. Charles, Mo.
19. (a) July 4-46 (Date received by local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24 year 1946 hour 2:30 minute P.M.
21. I hereby certify that I attended the deceased from March 1, 1944, to June 24, 1946 that I last saw him alive on June 22, 1946. and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
General metastases carcinoma
Due to Carcinoma stomach
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations Carcinoma stomach
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Vincent A. Schmidt (M. D. or other) MD
Address St. Charles, Mo. Date signed 6/25/46

(Licensed Embalmer's Statement on Reverse Side)

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

284

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 7-11-46

DEC 1 1 1951

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 Joseph I Landolt
Licensed Embalmer No. 4189
P. O. Address 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.