

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:  
2338 St. Louis Ave.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 23 yrs.  
years, months or days

3. (a) PRINT FULL NAME Mary Geczi

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

3. (c) Social Security No. None

4. Sex Female / 5. Color or race W

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

6. (b) Name of husband or wife Louis Geczi

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

7. Birth date of deceased September 1 1920  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>10</u>	<u>3</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Felix Knauer

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

14. Maiden name Not Known

15. Birthplace Hungary (City, town, or county) \_\_\_\_\_ (State or foreign country)

16. (a) Informant Eugene Geczi

(b) Address 3528 N. Jefferson

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 8, 1946  
(Month) (Day) (Year)

(c) Place: burial or cremation Highland, Ill.

18. (a) Signature of funeral director Calvin F. Feutz Funeral Home

(b) Address 4828 Nat'l Bridge Bl.

19. (a) JUL 5 1946 (Date received local registrar) J. F. Brodeur (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_

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

(d) Street No. 2338 St. Louis Ave.  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) \_\_\_\_\_

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4th.  
year 1946 hour 11 minute 50 M.

21. I hereby certify that I attended the deceased from Jan 16 to July 4, 1946  
that I last saw her alive on July 4, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to chronic hypertension

Duration 1 day  
6 mos

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) \_\_\_\_\_

(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? \_\_\_\_\_

23. Signature Arthur S. ... (Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

Address 2202 University St. Date signed 7/5/46

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

MOTHER FATHER

**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..... *John A. Minner* .....

Licensed Embalmer No. *4186* .....

P. O. Address *St. Louis Mo.* .....

**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.**