

FILED NOV 25 1946
318

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:
St. Anthony Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

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. 2013a Geyer
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Erma Z. Hosszu

3. (b) If veteran, name war.....
3. (c) Social Security No. 497-09-4369

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Miachel 6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased Jan. 13 1890
(Month) (Day) (Year)

8. AGE: Years 56 Months 10 Days 0
If less than one day
.....hr.min.

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

10. Usual occupation Marx & Haas-Korrex Co.

11. Industry or business.....

12. Name Unknown
13. Birthplace Unknown Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown
15. Birthplace Unknown Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Miachel Hosszu
(b) Address 2013a Geyer

17. (a) Burial (b) Date thereof 11/16/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director Walter Hilderle

(b) Address 3634 Gravois Ave.

19. (a) NOV 15 1946 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 13
year 1946 hour 7 minute A.
21. I hereby certify that I attended the deceased from Aug 15 1946
....., 19....., to Nov 13 1946
that I last saw or alive on Nov. 13 19 46
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Secondary Hemorrhage
Coronary collapse
Due to Hypertension

Due to Multiple Fibroids
Other conditions Ch. Cholecystitis
(Include pregnancy within 3 months of death)

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

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 Dr. Leo P. Young (M. D. or other)
Address 2621 S. Jefferson Date signed 11/14/46

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

MOTHER FATHER

37540

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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.....

Robert Wheeler

Licensed Embalmer No. *2178*

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.