

FILED MAR 31 1941
Registration District No. 162

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5595

State File No. 9734

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town Maxville *Rock*
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 35 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jefferson 50
(c) City or town Maxville 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Flora Lovretz

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 18 1871
(Month) (Day) (Year)

8. AGE: Years 76 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation Housework

11. Industry or business Housework

MOTHER FATHER {
12. Name Unknown 9
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Podgorsek

(b) Address 3220 Penn. St. Louis, Mo.

17. (a) Burial (b) Date thereof Mar. 21 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maxville Catholic

18. (a) Signature of funeral director Heiligtag Fun. Home

(b) Address Kimmswick Mo.

19. (a) Mar 21 1941 (b) Phil. J. Kirk
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 18
year 48 hour 10 minute 00 M.

21. I hereby certify that I attended the deceased from Jan 3 1948 to Mar 18 1947
that I last saw him alive on Mar 18 1947
and that death occurred on the same hour stated above.

Immediate cause of death Chr. Myocarditis Duration _____

Due to _____

Due to _____

Other conditions sterility
(Include pregnancy within _____ months of death)

Major findings: Of operations _____

Of autopsy 9210

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 0

23. Signature W. O. Reich, M.D. (M. D. or other)

Address Kimmswick Mo Date signed 3/19/41

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

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RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 3-28-47

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..... *Arthur W. Heiligtag*
Licensed Embalmer No. *3872*
P. O. Address.....

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.