. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25480

FILED AUG 15 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7320

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Infirmary Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3/13/47 (Specify whether
In this community to 8/4/47
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town
(If outside city or town limits, write "RURAL")
(d) Street No. Little Sister Poor 3400 S Grand
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Elizabeth Dresner
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 Widow
6. (b) Name of husband or wife Thomas
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 28, 1878 (Month) 28 (Day) 1883 (Year)

8. AGE: Years 64 Months 0 Days 6 If less than one day hr. min.

9. Birthplace Hungary (City, town, or county) (State or foreign country)
10. Usual occupation At home
11. Industry or business
12. Name Matthias Bodlenszky
13. Birthplace Hungary (City, town, or county) (State or foreign country)
14. Maiden name Kath Nahimer
15. Birthplace Hungary (City, town, or county) (State or foreign country)
16. (a) Informant City Infirmary Records
(b) Address 5800 Arsenal St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 7, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation SS. Peter and Paul Cem.
18. (a) Signature of funeral director Gebken-Benz Mortuary
(b) Address 2842 Meramec St.
19. (a) AUG 5 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug, day 4 year 1947 hour 2 minute 12 MA

21. I hereby certify that I attended the deceased from 3/13, 1947 to 8/4, 1947 that I last saw her alive on 8/4, 1947 and that death occurred on the date and hour stated above.

Duration

(1) Immediate cause of death: lobar pneumonia, terminal 24 hrs.
(2) hypertensive heart disease
(3) Due to arteriosclerosis of a) coronary arteries for advanced b) adrenal " " splenic arteries
(4) Other conditions (include preanancy within 3 months of death): heart infarct, healing with fibrosis
(5) Major findings: Of operations: cholecystitis 6 cholelithiasis
Of autopsy: as above

PHYSICIAN

Underline the cause of 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 M. P. Thomas (Date of other)
Address 5600 Arsenal St. Date signed 8-4-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Ray E Campbell

Licensed Embalmer No. 3881

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.