

No. 2  
-1/47  
-17-39

UNITED STATES DEPARTMENT OF HEALTH  
STANDARD CERTIFICATE OF DEATH

32566

State File No.

National Office of Vital Statistics  
**FILED OCT 13 1947**

Registration District No.

Primary Registration District No. **1003**

Registrar's No. **9123**

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:  
1646 So. Vandeventer 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.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Mo. (b) County..... pas  
(c) City or town..... St. Louis 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1646 So. Vandeventer Ave. 9  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME MARY GVORGY

3. (b) If veteran, name war..... None 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..... Late Joseph 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased..... Jan. 16 1861  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>86</u>	<u>8</u>	<u>15</u>	hr. .... min.

9. Birthplace..... Hungary 4  
(City, town, or county) (State or foreign country)  
10. Usual occupation: Housework

11. Industry or business.....  
12. Name Charles Gvaki  
13. Birthplace..... Hungary 4  
(City, town, or county) (State or foreign country)  
14. Maiden name..... Unknown  
15. Birthplace..... Hungary 4  
(City, town, or county) (State or foreign country)

16. (a) Informant..... Mrs. Annie Banko  
(b) Address..... 1646 So. Vandeventer Ave.

17. (a) Burial (b) Date thereof..... 10-4-47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation..... Resurrection Cem.

18. (a) Signature of funeral director..... Kriegshauser Und. Co.  
(b) Address..... 4228 So. Kingshighway Bl.

19. (a) OCT 3 1947 (b) J. Riedel  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 1  
year..... 1947 hour..... 5:20 minute..... P. A. M.

21. I hereby certify that I attended the deceased from Oct. 2, 47  
....., 19....., to Oct. 1, 19.....  
that I last saw her alive on Oct. 1, 19.....  
and that death occurred on the date and hour stated above. Duration  
Immediate cause of death..... Chronic Myocarditis 1 yr.

Due to..... Diabetes Mellitus 5-4-48

Due to..... Perilipis

Other conditions..... none  
(Include pregnancy within 3 months of death)

Major findings: none  
Of operations.....  
Of autopsies..... none

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..... Dr. P. H. Brock (M. D. or other)  
Address..... 1524 P. Ward Date signed..... 10/2/47

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

MOTHER FATHER

