S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED OCT 4 1947
#60525

State File No. 32691

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8822

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff
(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. 2304 S. 3rd St.
(If rural, give location)
Memorial
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MARY KONYO
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 Married
6. (b) Name of husband or wife George Kanyo
6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased February 2, 1866 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
81	7	17	hr. min.

9. Birthplace Hungary 4 (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Don't Know
13. Birthplace Hungary 4 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Don't Know
15. Birthplace Hungary 11 (City, town, or county) (State or foreign country)
16. (a) Informant George Kanyo
(b) Address 2304 S. 3rd St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-22-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Concordia Cemetery
18. (a) Signature of funeral director Weick Bro. Und. Co.
(b) Address 2201 S. Grand Bl.
19. (a) SEP 21 1947 (Date received local registrar) (b) J. T. Bredeak (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 19th
year 1947 hour 8:00 minute P M.
21. I hereby certify that I attended the deceased from 9/18/47, 19, to Sept. 19th 1947;
that I last saw her alive on Sept. 19th 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of ascending Colon
Due to
Due to
Other conditions Intestinal obstruction
(Include pregnancy within 3 months of death)
Major findings:
Of operations same
Of autopsy none

Duration

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 A. R. Dalton 9/30/47 (M. D. or other)
Address Date signed

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 James R. Dunn, Registered Apprentice No. 403, working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 3722

P. O. Address 2201 S. Grand Bl.

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.