No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42862

FILED DEC 22 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11345

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: 4863 So. Broadway 1
(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 aaa

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4863 So. Broadway 9
(If rural, give location) 0

(e) Citizen of foreign country? 15 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME MARY BOGNAR

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife ### Late Joseph

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

7. Birth date of deceased Mar. (Month) 18 (Day) 1887 (Year)

8. AGE:

Years	Months	Days	If less than one day
60	8	21	hr. min.

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

10. Usual occupation Housework 1

11. Industry or business

FATHER
12. Name Unknown 4
13. Birthplace Hungary 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown 4
15. Birthplace Hungary 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Sternitzky
(b) Address 5414 Cologne Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-12-47 (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) DEC 11 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 9
year 1947 hour 7:15 minute P. M.

21. I hereby certify that I attended the deceased from Jan. 1, 1946, to Dec. 9, 1947, that I last saw her alive on Dec. 9, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Haem.	6 hrs.
Due to: Hypertension.	2 yrs.
Due to: Cardio. Renal dis.	0
Other conditions: none. (Include pregnancy within 3 months of death)	
Major findings: Of operations: none	
Of autopsy: 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 0

23. Signature Dr X. H Bach (M. D. ~~or other~~)

Address 1504 S. Grand Date signed 12/10/47.

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

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.....Richard W. Stovesand.....

Licensed Embalmer No.....4007.....

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.