

No. 2
-8-43
-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7390

State File No. _____

FILED MAR 8 1948

Registration District No. 377

Primary Registration District No. 6076

Registrar's No. 235

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Box 357D Ringer Rd. St. Louis County
(If not in hospital or institution, write street number or location) Mo

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME THERESA HORAN

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 Widowed

6. (b) Name of husband or wife _____

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

7. Birth date of deceased March, 15, 1874
(Month) (Day) (Year)

8. AGE: Years 73 Months 11 Days 10
If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Andrew Milas

13. Birthplace Austira- Hungary 4
(City, town, or county) (State or foreign country)

14. Maiden name Ella Kastmar

15. Birthplace Austria- Hungary 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Hollander

(b) Address Box 357D. Ringer Rd. Lemay,

17. (a) Burial (b) Date thereof 2/27/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection Cem.

18. (a) Signature of funeral director _____

(b) Address 1722 S. Jefferson Ave.

19. (a) 2-23-48 (b) Carl J. Haymond
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 912

(c) City or town Lemay, Missouri
(If outside city or town limits, write "RURAL")

(d) Street No. Box 357D. Ringer Rd.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 24
year 1948 hour 12 minute 15 PM.

21. I hereby certify that I attended the deceased from 2/23 1948 to 2/24 1948
that I last saw her alive on 2/23 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis 2 yrs
Arteriosclerosis
93d

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
Of operations _____

Of autopsy not done

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 Victor H. Hayes (M. D. or other) _____
Address 509 91 Grand Blvd Date signed 2/25/48

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

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.....

Alex A. Chulinski Jr.

Licensed Embalmer No. *4147*

P. O. Address *1722 S. Jefferson*

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.