

No. 300
-10-47
-17-39
PI 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

27843
State File No. _____
Registrar's No. 7068

FILED AUG 23 1948
Registration District No. 318

Primary Registration District No. 1003

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:
Pronounced dead at City Hospital 3
(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

3. (a) PRINT FULL NAME Mathias Hugyez

3. (b) If veteran, _____ 3. (c) Social Security No. _____
name war _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

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

7. Birth date of deceased January 20, 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 6 20 hr. min.

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

10. Usual occupation Night Watchman

11. Industry or business Elder Shirt Co.

12. Name Don't Know 9

13. Birthplace Don't Know 9
(City, town, or county) (State or foreign country)

14. Maiden name Don't Know 9

15. Birthplace Don't Know 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Rose Bauer

(b) Address 5505 Minnesota Ave.

17. (a) Burial (b) Date thereof 8/13/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS. Peter & Paul Cemetery

18. (a) Signature of funeral director Gebken-Benz Mortuary

(b) Address 2842 Meramec St.

19. (a) AUG 12 1948 (b) J. T. Budach
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 5505 Minnesota Ave. 15
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 10th
year 1948 hour 12: minute 30P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death Shotgun wound of skull and brain, self inflicted, at his home, on Aug. 10, 1948, at about 12:25 P.M. SUICIDE.
Due to _____

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) SUICIDE
(b) Date of occurrence Aug. 10, 1948
(c) Where did injury occur? St. Louis
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
home

(Specify type of place) _____
White at work _____ (e) Means of injury See above

23. Signature S. Budach _____
Address _____ Date signed 8/13/48

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 me

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed Lorion E. Percy

Licensed Embalmer No. 4094

P. O. Address 2842 Meramec St.
St. Louis, Mo. 18

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.