S. No. 300
v. 10.48

FILED APR 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15172

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 1045

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

1. PLACE OF DEATH
a. COUNTY St Louis, County
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Clayton, Mo
c. LENGTH OF STAY (in this place) 9 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) #7638 Carrswold Drive,

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri. b. COUNTY St. Louis,
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Clayton, (5) 45 452
d. STREET ADDRESS (If rural, give location) 7638 Carrswold Drive, 0

3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH b. (Middle) ANTHONY c. (Last) FONYO.

4. DATE OF DEATH (Month) April (Day) 21 (Year) 1950

5. SEX MALE

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH 9/28/1882.

9. AGE (In years last birthday) 67 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) food broker

10b. KIND OF BUSINESS OR INDUSTRY Hormel Company

11. BIRTHPLACE (State or foreign country) Hungary 8

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Francis A. Fonyo

13b. MOTHER'S MAIDEN NAME Blanche

14. NAME OF HUSBAND OR WIFE Genevieve Lyon Fonyo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) - - - - -

16. SOCIAL SECURITY NO. 498-03-4055

17. INFORMANT'S SIGNATURE OR NAME Genevieve Lyon Fonyo ADDRESS 7638 Carrswold Drive

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MYOCARDITIS

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) CORONARY OCCLUSION

DUE TO (c) CARDIAL CIRRHOSIS

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 420.1

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* JULY, 1947, *to* April 20, 1950, *that I last saw the deceased alive on* April 20, 1950, *and that death occurred at* 6:30 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) H. Richard Graeser MD

23b. ADDRESS 968 Arcade Bldg. St. Louis Mo

23c. DATE SIGNED 4/21/50

24a. BURIAL, CREMATION, REMOVAL (Specify) removal

24b. DATE 4-23-50

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State) Weston, Ontario, Canada

DATE REC'D BY LOCAL REG. 4-22-50

REGISTRAR'S SIGNATURE Herbert R Wonke MD

25. FUNERAL DIRECTOR'S SIGNATURE C.R.Lupton & Sons, ADDRESS 7233 Delmar Blv'd.,

(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 .....

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Clarence H. Murra

Licensed Embalmer No. 4011.

P. O. Address St. Louis, M

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.