

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6247**
Registrar's No. **1002**

FILED MAR 4 1954
BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony Hospital		e. STREET ADDRESS (If rural, give location) 23 2308a S. Ninth St. 223/0				
3. NAME OF DECEASED (Type or Print) a. (First) MARGARET b. (Middle) M. c. (Last) GYAKY			4. DATE OF DEATH (Month) (Day) (Year) Jan. 29 1954			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH July 3, 1896	9. AGE (in years last birthday) 57	IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Austria-Hungary		
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John Zarka		13b. MOTHER'S MAIDEN NAME Theresa Unknown		
14. NAME OF HUSBAND OR WIFE Late Karol Gyaky		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		
17. INFORMANT'S SIGNATURE OR NAME Mary M. Gyaky		ADDRESS 2308 S. Ninth St.				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute rheumatic heart arterial sclerotic heart disease ANTECEDENT CAUSES nephritis acute Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hydretalium DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 3 hrs. 2 day 10 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 2 brains, uterus - uterine polyp			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 214X		
22. I hereby certify that I attended the deceased from 1-19, 1954 , to 1-29, 1954 that I last saw the deceased alive on 1-29, 1954 and that death occurred at 11:40P m., from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) M J Sullivan M.D.		23b. ADDRESS 607 N Grand		23c. DATE SIGNED 2-1-54		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Feb. 2, 1954		24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery		
24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl.				
DATE REC'D BY LOCAL REG. FEB 1 1954		REGISTRAR'S SIGNATURE J. Carl Smith MO		Licensed Embalmer's Statement on Reverse Side		

WRITE PLAINLY—USING 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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *William B. White*.....

Licensed Embalmer No.. *429*

P. O. Address *4278 King*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.