

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6946 STATE FILE NUMBER

FILED AUG 3 1961

1. PLACE OF DEATH a. COUNTY <u>St. Louis Mo.</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis Mo.</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>615 Walnut</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u> c. CITY OR TOWN <u>St. Louis</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>615 Walnut</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
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3. NAME OF DECEASED (Type or print) <u>Joseph</u> First <u>Julius</u> Middle <u>Vajda</u> Last <u>Joseph Julius Vajda</u>			4. DATE OF DEATH <u>7</u> / <u>1</u> / <u>61</u> Month Day Year		
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5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIAGE STATUS <u>Married</u>		8. DATE OF BIRTH <u>5/31/1913</u>		9. AGE (Use Birthday) <u>48</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bricklayer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>		11. BIRTHPLACE (city and state or country) <u>Highland Illinois</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			
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13a. FATHER'S NAME <u>Joseph Vajda</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Zivak</u>		14. NAME OF HUSBAND OR WIFE <u>Helen Schenetary, N.Y.</u>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) <u>No</u>		SOCIAL SECURITY NO. <u>330X 7-11-02</u>		17. INFORMANT <u>Helen Taylor, 1300 Clark Ave</u> Address <u>Belmont</u>	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>HEMORRHAGE of the brain</u> DUE TO (b) <u>at the base caused by hypertens</u> DUE TO (c) <u>nessed in the Circle of Willis</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>330X M.U.C.</u>			
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20c. TIME OF INJURY Hour <u> </u> a.m. / p.m. Month, Day, Year <u> </u>			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
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20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u> </u>		20f. CITY, TOWN, OR LOCATION <u> </u> COUNTY <u> </u> STATE <u> </u>		
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21. I attended the deceased from to and last saw her/him alive on .
 Death occurred at m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Helen L Taylor, Coroner</u> (Degree or title)		22b. ADDRESS <u>1300 Clark Ave</u>		22c. DATE SIGNED <u>7/10/61</u>	
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>Oct. 17 1961</u>		23c. NAME OF CEMETERY OR CREMATOR <u>Anatomical Board</u>		23d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo. Schenetary, N.Y.</u>	
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24. FUNERAL DIRECTOR ADDRESS <u>Albert Hoppe, 4700 Washington St. St. Louis</u> <u>Rowland Mortuary Svc. 116406 Manchester</u>		25. DATE RECD. BY LOCAL REG. <u>JUL 27 1961</u>		26. REGISTRAR'S SIGNATURE <u>Earl Smith, M.D.</u>	
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DATE AMENDED

INSTEAD OF DOCUMENT

SHOULD READ

ITEM NO.

All items amended 10/20/61

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Inf.

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 _____

Licensed Embalmer No. _____

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.