

FILED AUG 28 1941
Registration District No. **791**

Primary Registration District No. **1003**

00
17
9
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... **3 Days**
(Specify whether
In this community..... **0**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Mo.** (b) County..... **000**
(c) City or town..... **St. Louis** **17**
(If outside city or town limits, write "RURAL") **9**
(d) Street No..... **5628 Theodosia** **6**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Dan Figart**

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

4. Sex **Male** 0 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Anna Figart** 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased **May 28 1862**
(Month) (Day) (Year)

8. AGE: Years **79** Months **1** Days **25** If less than one day hr. min.

9. Birthplace..... **Penn.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Janitor**

11. Industry or business **Retired**

12. Name **John Figart**

13. Birthplace..... **Penn.**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**
15. Birthplace..... **Unknown** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **George Figart**

(b) Address **1926 Clara Ave.**

17. (a) **Burial** (b) Date thereof **7-25-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Lebanon Cem.**

18. (a) Signature of funeral director **Drehmann-Harral**

(b) Address **1905 Union Blvd.**

19. (a) **JUL 24 1941** (b) **J. J. Fredrick**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **23**, year **1941** hour **3:15** minute **A. M.**

21. I hereby certify that I attended the deceased from **July 21**, 19**41** to **July 23**, 19**41**; that I last saw him alive on **July 23**, 19**41**; and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Thrombosis**
Due to.....
Due to.....

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations **None**
Of autopsy **None**
PHYSICIAN
Underline the cause to which death should be charged statistically.

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?

While at work? (Specify type of place) (e) Means of injury.....
23. Signature **Tom B. Dominick** (M. D. or other) **D**
Address **1515 Lafayette Avenue** Date signed **7/23/41**

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..... *Albert R. Thompson Jr.*.....

Licensed Embalmer No..... *4237*.....

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