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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 28 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23740

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 6082

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 years, months or days)

In this community 15 years 0

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5547 Wells Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

000 17 6

3. (a) PRINT FULL NAME Anna Deak

3. (b) If veteran, name war None

3. (c) Social Security 492-00-8571

4. Sex Female

5. Color or race White

6. (a) Single, ~~Married, Widowed, Divorced~~ Single

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive ---- years

7. Birth date of deceased Nov. 27, 1922 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
18	7	28	hr. min.

9. Birthplace Pueblo, Colorado. (City, town, or county) (State or foreign country)

10. Usual occupation Matron

11. Industry or business Veterans Hospital

FATHER
12. Name John Deak
13. Birthplace Hungaria (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Birdie Cloon
15. Birthplace Hutchinson, Kanas. (City, town, or county) (State or foreign country)

16. (a) Informant Birdie Deak
(b) Address 5547 Wells Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 28.41 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Samuel Pickens
(b) Address 1431 Union Blvd.

19. (a) JUL 25 1941 (Date received local registrar) (b) J. W. Bridwell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25, year 1941 hour 5:25 minute A. M.

21. I hereby certify that I attended the deceased from July 23, 1941, to July 25, 1941; that I last saw her alive on July 25, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Eclampsia

Due to Pregnancy

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature L. V. Mulligan (M. D.)
Address 1515 Lafayette Ave. Date signed 7/25/41

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

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