

No. 2
-1-4-41
5-17-3
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27068

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6860

FILED SEP 17 1941

(a) County
(b) City or town St. Louis, Mo.
(c) Name of hospital or institution: St. Anthony Hospital
(d) Length of stay: In hospital or institution 1 1/2 Hour
In this community 40 years

3. (a) PRINT FULL NAME Barbara M. Piros

3. (b) If veteran, name war
3. (c) Social Security No. 488-03-4219

4. Sex F 5. Color of race W
6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife PRESENT 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Dec 7 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 8 16 hr. min.

9. Birthplace Austria-Hungry
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business Stix-Baer & Fuller

MOTHER FATHER
12. Name George Kauten
13. Birthplace Austria-Hungry
14. Maiden name Christine Betz
15. Birthplace Austria-Hungry

16. (a) Informant Gus Piros
(b) Address 5335 West Ave.

17. (a) Burial (b) Date thereof Aug 35 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cemetery
Wachs - Halden

18. (a) Signature of funeral director Wachs - Halden
(b) Address 3634 Gravois Ave

19. (a) AUG 24 1941 (b) J. J. Zureck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

Missouri
(a) State (b) County 000
(c) City or town St. Louis
5335 West Ave.
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 23
year 1941 hour 12 minute 01 A.M.

21. I hereby certify that I attended the deceased from Aug 22nd
1941 to Aug 23rd 1941;
that I last saw h. e. r. alive on Aug 22nd 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris
Duration 6 years

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 Walter P. ... (M. D. or other) P.D.
Address 4738 1/2 ... Date signed 8/23/41

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

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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..... *Frank J. O'Neil*
Licensed Embalmer No..... *18645*
P. O. Address..... *St Louis MO*

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.