

Registration District No.

791

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1728 Nebraska Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 23 17
(If outside city or town limits, write "RURAL") 9
(d) Street No. 1728 Nebraska Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 31st day December
year 1941 hour 1:30 minute A. M.
21. I hereby certify that I attended the deceased from 22nd 10
19 41 to Dec 30 1941;
that I last saw her alive on Dec 30 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure Duration _____
auricular fibrillation
pt leuoplegia
Due to Hypertensive heart disease
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Ethel Peky

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mihaly Peky 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased April 15 1880
(Month) (Day) (Year)

8. AGE: Years 68 Months 1 Days 15 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Joseph Molener

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

14. Maiden name Elizabeth Molener

15. Birthplace Hungary
(City, town, or county) (State or foreign country)

16. (a) Informant Mihaly Peky

(b) Address 1728 Nebraska Ave

17. (a) Cremation (b) Date thereof Jan 2 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Petz Brothers

(b) Address 3029 Lafayette Ave

19. (a) DEC 31 1941 J. F. Buleck
(Date received local registrar) (Registrar's signature)

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

60
17
9

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. Owens

Licensed Embalmer No. 2245

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.