

FILED NOV 23 1942

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No.

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

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:
2801 S. Broadway /
(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)

3. (a) PRINT FULL NAME **Flora Soros**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Adam Soros** 6. (c) Age of husband or wife if alive **1867** years
7. Birth date of deceased **June 15** (Month) (Day) (Year)

8. AGE: Years **65** Months **4** Days **29** If less than one day hr. min.

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

10. Usual occupation **Rooming house Owner**

11. Industry or business

MOTHER FATHER { 12. Name **Don't Know**
13. Birthplace **Hungary** (City, town, or county) (State or foreign country)
14. Maiden name **Don't know**
15. Birthplace **Hungary** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. E. Markus**
(b) Address **610 Lynch St.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Nov. 16/42** (Month) (Day) (Year)
(c) Place: burial or cremation **Sunset Burial Park**

18. (a) Signature of funeral director **Weick Brothers**
(b) Address **2201 S. Grand Bl.**

19. (a) **NOV 15 1942** (Date received local registrar) (b) **J. F. Bredeck** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **17**
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL") **924**
(d) Street No. **2801 S. Broadway** (If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **14**
year **1942** hour **6** minute **0** A. M.

21. I hereby certify that I attended the deceased from **8-16-38** to **11-14-42**
that I last saw her alive on **11-10-42**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of left breast** Duration **2 yr**

Due to.....
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.

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 **A. Jones** (M. D. or other) **MD**
Address **3616 S. Burdy** Date signed **11-19-42**

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 Wm. A. Stewart

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

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.