

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **5317**

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:
2917 S. 18th ST. 1
(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 Peter Pazmany

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

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

6. (b) Name of husband or wife Mary Pazmany 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Nov. 23 1864
(Month) (Day) (Year)

8. AGE: 78 Years 6 Months 16 Days If less than one day hr. min.

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

10. Usual occupation Retired Beer Bottler

MOTHER FATHER
11. Industry or business
12. Name Gregor Pazmany
13. Birthplace Hungary
(City, town, or county) (State or foreign country)
14. Maiden name Emelia Pazmany
15. Birthplace Hungary
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Pazmany
(b) Address 2917 S. 18th St

17. (a) Brematone (b) Date thereof 6-11-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mo. Crematory

18. (a) Signature of funeral director 2929 S. Jefferson
(b) Address 1114 N. 9th Bldg.
1943 (Date received local registrar) (Registrar's signature)

19. (a) J. F. Brudick (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County 000
(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL")
(d) Street No. 2917 S. 18th St. (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9
year 1943 hour 2 minute 4 A. M.

21. I hereby certify that I attended the deceased from May 1, 1943, to June 8, 1943
that I last saw him alive on June 8, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial infarction Duration yes?

Due to myocardial infarction
Due to.....

Other conditions Smoking 1/2
(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?

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

23. Signature J. F. Brudick (M. D. or other) 6-9-43
Address 1803 Chestnut Date signed

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 *Gustav W. Distel*.....

Licensed Embalmer No. *4329*.....

P. O. Address. *2929 S. Jefferson*.....

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.