

FILED SEP 17 1943 318

1003

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St Louis Mo.
(b) City or town St Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1607 A Menard St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 35 Years in St Louis (Specify whether years, months or days)

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")
(d) Street No. 1607 A Menard St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME SUSSANA ELIZABETH BACK

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, Widow

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

7. Birth date of deceased March 24 1907
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 5 9 hr. _____ min.

9. Birthplace Hungary 4
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home.

12. Name Freis 4

13. Birthplace Hungary 4
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Hungary 4
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Back

(b) Address 3172 Hampton Ave.

17. (a) Burial (b) Date thereof 9/6/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cem

18. (a) Signature of funeral director Theriot & Son

(b) Address 22906 Gravois Ave.

19. (a) SEP 4 1943 (b) J. J. Harnack
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 2 year 1943 hour _____ minute 11 P. M.

21. I hereby certify that I attended the deceased from 10 - 1943 to Sept 12 1943
that I last saw her alive on Sept 2 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral embolism
Thrombosis, emboli
Chronic Myocarditis
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 93

Major findings: Of operations _____

Of autopsy _____

Duration

15 min

about 177

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) (c) Means of injury _____

23. Signature J. J. Harnack (M. D. or other) MD
Address 3666 Charms Date signed 9/3/43

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

MOTHER FATHER

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..... *David Van Fossen*.....

Licensed Embalmer No..... *4242*.....

P. O. Address..... *2906 Harris*.....

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.