

FILED NOV 13 1943 17

Registration District No. \_\_\_\_\_

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Overland  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Berliner Nursing Home  
(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 Mo. (b) County St. Louis  
(c) City or town Overland  
(If outside city or town limits, write "RURAL")  
(d) Street No. Ashby + Thorpe Av.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Ida Pazmany

3. (b) If veteran, name war 720 3. (c) Social Security No. 70

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

6. (b) Name of husband or wife Joseph Pazmany 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Dec 15 1859  
(Month) (Day) (Year)

8. AGE: Years 84 Months 10 Days 23 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Unknown Bittinger  
13. Birthplace Hungary  
14. Maiden name Barbara Unknown  
15. Birthplace Hungary

16. (a) Informant Catherine Wasek  
(b) Address 4410 Minnesota Av.

17. (a) Burial (b) Date thereof 11-9-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Pl.

18. (a) Signature of funeral director W. B. ...

(b) Address 2829 S. Jefferson Av

19. (a) NOV 9 - 1943 (b) E. G. McEwen, M.D.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 8  
year 1943 hour 3:30 minute A. M.

21. I hereby certify that I attended the deceased from Sept 1943 to Nov 8 1943  
that I last saw her alive on Nov 5 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Granular Bronch  
Duration 4 days

Due to Ch. myocard

Due to Senesc

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 93rd  
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) (e) Means of injury \_\_\_\_\_

23. Signature A. M. ... (M. D. or other)  
Address 367 ... Date signed Nov 8

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

---

---

**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. Dietzle*

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.**