No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

35791

State File No. 0

FILED NOV 13 1943

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 2469

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 96 13

(c) City or town Overland (If outside city or town limits, write "RURAL") 1

(d) Street No. Ashby Rd. & Thorp. (If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Joseph 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 Ida Pazmany

6. (c) Age of husband or wife if alive 85 years

7. Birth date of deceased June 6 1862 (Month) (Day) (Year)

8. AGE: Years 81 Months 4 Days 28 If less than one day ..... hr. ..... min.

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

10. Usual occupation Retired Jeweler

11. Industry or business

FATHER
12. Name Unknown Pazmany
13. Birthplace Hungary (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Hungary (City, town, or county) 4 (State or foreign country)

16. (a) Informant John Wanek

(b) Address 4410 Minnesota Av.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 11-8-43 (Month) (Day) (Year)

(c) Place: burial or cremation Mo. Crematory

18. (a) Signature of funeral director Witt Bros. L & Ulo

(b) Address 2929 S. Jefferson Av

19. (a) NOV 6 - 1943 (Date received local registrar) (b) E. G. McGarran, M.D. (Registrar's signature) 75

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 4 year 1943 hour 3 minute 00 p. M.

21. I hereby certify that I attended the deceased from Sept, 1943, to Nov 4, 1943; that I last saw him alive on Nov 3, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremic Poisoning	3 days
Due to Chr Myocarditis	3 yrs
Due to Chr Hypertension	5 yrs
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 93d	

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 m Grant O (M. D. or other)

Address 3651 Grandel sq Date signed Nov 5

(Licensed Embalmer's Statement on Reverse Side)

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.