

FILED AUG 21 1944 **318**

Registration District No.

Primary Registration District No. **1000**

Registrar's No. **6819**

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:
Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town Overland
(If outside city or town limits, write "RURAL")
(d) Street No. 8624 St. Charles Rock Rd.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Fanny Serkes

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

4. Sex Female 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Henry Serkes 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased.....
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
about 80 hr. min.

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

10. Usual occupation at home

11. Industry or business.....

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Charles Serkes

(b) Address 5815 Pershing

17. (a) Burial (b) Date thereof 8-6-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth Cem.

18. (a) Signature of funeral director Herman Rindberg

(b) Address 5216 Delmar Blvd.

19. (a) Aug 1 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 4
year 1944 hour 10 minute 30 a M.

21. I hereby certify that I attended the deceased from Aug 1st
1944, to Aug 4 1944
that I last saw him alive on Aug 4 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction Duration 2 day

Due to Chr. Coronary disease 5 yr

Due to Chr. Coronary disease 2 1/2 yr

Other conditions 95

(Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

Underline the cause to which death should be charged statistically.

PHYSICIAN

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 aw Frank (M. D. or other) h
Address 3651 Grand St Date signed Aug 4

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

FATHER
MOTHER

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..... *J. H. Burgess*

Licensed Embalmer No. *4029*

P. O. Address.....

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.