

No. 2
-12-45
-17-39
K47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STANDARD CERTIFICATE OF DEATH
1003

State File No. 32295
Registrar's No. 7911

Registration District No. 318 Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Pacific Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 month
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Joseph Vargo
(b) If veteran, name war None 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Theresa Vargo nee Nemeth 6. (c) Age of husband or wife if alive 41 years
7. Birth date of deceased November 7, 1891
(Month) (Day) (Year)

8. AGE: Years 54 Months 10 Days 4 If less than one day hr. _____ min. _____

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

10. Usual occupation Carmen

11. Industry or business T.R.R.A.

12. Name Joseph Vargo

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

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

16. (a) Informant Mrs Theresa Vargo
(b) Address 4620 Pope Ave

17. (a) Burial (b) Date thereof 9/14/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) SEP 13 1946 (b) J. F. Bledsoe
(Date received at local health office) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4620 Pope Ave 99
(If rural, give location) 10
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 11 year 1946 hour 9 minute 30 A. M.
21. I hereby certify that I attended the deceased from Sept 11, 1946, to Sept 11, 1946.
That I last saw him alive on Sept 11, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death Toxemia
Due to Carcinoma of Stomach Mrs.
Metastasizing to Liver
Due to _____
Other conditions (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) (e) Means of injury 0
23. Signature Vincent A. Sherrod (M. D. _____)
Address Ma. Pae. Hosp. Date signed 9-11-46

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. Rutub

Licensed Embalmer No. *4329*

P. O. Address..... *St Louis*

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.