

No. 2  
2-45  
17-39  
X47070

FILED MAR 31 1947  
318

1003

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

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:  
3661 Humphrey Street  
(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

3. (a) PRINT FULL NAME MARY SUTEJ

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 Frank Sutej 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased About 1876  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

About 71 hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

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

MOTHER FATHER { 12. Name John Lodoly

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

14. Maiden name (Unknown) Derkos

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

16. (a) Informant John Lodoly

(b) Address 3661 Humphrey Street

17. (a) Burial (b) Date thereof Mar. 19-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New SS. Peter & Paul

18. (a) Signature of funeral director W. J. Bredbeck

(b) Address 1926 Allen Avenue

19. (a) MAR 17 1947 (b) J. F. Bredbeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 3661 Humphrey Street  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15th  
year 1947 hour 8 minute 15 A.M.

21. I hereby certify that I attended the deceased from February 24, 1947 to March 15, 1947, that I last saw her alive on March 15, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Acute Cardiac dilatation</u>	<u>1 day</u>
Due to <u>Chronic Emphysema</u>	<u>2 mos.</u>
Due to <u>Pulmonary Abscess</u>	<u>8 mos.</u>
<u>non tubercular cause</u>	
Other conditions: <u>Chronic Myocarditis</u>	<u>1 1/2 yrs.</u>
(Include pregnancy within 3 months of death)	
Major findings: Of operations: <u>none</u>	PHYSICIAN _____
Of autopsy: <u>none</u>	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 none

(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 W. J. Bredbeck (M. D. or other) MD  
Address 2767 S. Lewis St. Date signed Mar 15 47

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.....

**Me**

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Benj. J. Duncan*.....

Licensed Embalmer No. **2272**.....

P. O. Address **1926 Allen Avenue**.....

**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.**