

FILED AUG 15 1947

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 \_\_\_\_\_

(b) City or town **St. Louis,**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**Park Lane Hospital,** **0**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **3 Days**  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME **Margaret Obradovits,**

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 **Widowed,**

6. (b) Name of husband or wife **Nicholas Obradovits,** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **May 4, 1881**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>66</b>	<b>3</b>	<b>2</b>	hr. _____ min.

9. Birthplace **Hungary,** **11**  
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home,**

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

MOTHER FATHER { 12. Name **Mathias Wolfram,**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Nicholas Obradovits, Jr.,** **1**

(b) Address **5416 Idaho Ave.,**

17. (a) **Burial,** (b) Date thereof **8/8/47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sunset Burial Park,**

18. (a) Signature of funeral director **Gebken-Benz Mortuary,**  
**2842 Meramec St.,**

(b) Address \_\_\_\_\_

19. (a) **AUG 7 1947** (b) **J F Bradeck**  
(Date received local registrar) (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. **5416 Idaho Ave.,** **9**  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) **0**

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **6th**  
year **1947** hour **2:20** minute \_\_\_\_\_ A.M.

21. I hereby certify that I attended the deceased from **Aug 3rd** **1947** to **Aug 6,** **1947**  
that I last saw her alive on **August 6, 1947**  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

**Cerebra l Hemorrhage.**

Due to **Brain**

Due to \_\_\_\_\_

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

Major findings: **No operation.**

Of autopsy **No autopsy.**

Duration \_\_\_\_\_

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? **0**

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **J. J. Lindell** M.D.  
Address **4930 Lindell, St. Louis, Mo.** Date signed **8/7/47**

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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 Loren E. Percy

Licensed Embalmer No. 4094

P. O. Address 2842 Meramec St.,  
St. Louis, 18, Mo.

**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.**