

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10225 STATE FILE NUMBER 39796

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Louis | | c. CITY OR TOWN St Louis | |
| Length of stay in 1b | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 2231 A Mc Nair Ave | | d. STREET ADDRESS (If outside, give location) 2231 A McNair Ave | |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) First Middle Last Margaret Arvay | | | 4. DATE OF DEATH Month Day Year Oct 19 1960 | | | |
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| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 4/20/88 | 9. AGE (last birthday) 72 | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HR Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY Housework | 11. BIRTHPLACE (City and state or country) Hungaria | 12. CITIZEN OF WHAT COUNTRY |
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| 13a. FATHER'S NAME John Kornezai | 13b. MOTHER'S MAIDEN NAME Unknown | 14. NAME OF HUSBAND OR WIFE Stephen (Deceased) |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. 497 01 7635 | 17. INFORMANT Address Stephan Arvay 2158a Geyer Ave |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral thrombosis</i> | | INTERVAL BETWEEN ONSET AND DEATH <i>2 hours</i> |
| DUE TO (b) <i>Cerebral arteriosclerosis</i> | | |
| DUE TO (c) <i>332*</i> | | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>diabetes mellitus</i> | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |
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| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION | COUNTY | STATE |
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| 21. I attended the deceased from <i>Dec. 1956</i> to <i>April 1960</i> and last saw her/him alive on <i>April 12, 1960</i> Death occurred at <i>APT. 8 P.M. Oct 14, 1960</i> on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | |
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| 22a. SIGNATURE <i>Henry J. Lee</i> (Degree or title) | 22b. ADDRESS <i>457 N. Kingshighway</i> | 22c. DATE SIGNED <i>10/21/60</i> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE <i>10/22/60</i> | 23c. NAME OF CEMETERY OR CREMATORY <i>Resurrection Cemetery</i> | 23d. LOCATION (City, town, or county) (State) <i>St. Louis County Mo</i> |
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| 24. FUNERAL DIRECTOR <i>Moydell Funeral Home 1926 Allen</i> | 25. DATE RECD. BY LOCAL REG. OCT 21 1960 | 26. REGISTRAR'S SIGNATURE <i>Paul Smith M.D.</i> |
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Hadley F. Jaellon

Licensed Embalmer No. 9950

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.