

No. 2
-1/47
-17-39

FILED FEB 9 1948
Registration District No.

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution.....
1918a Geyer Avenue
(If not in hospital or institution, write street number or location)

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

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. 23 1918a Geyer Avenue 9
(If rural, give location) 0

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

If yes, name country.....

3. (a) PRINT FULL NAME Demeter Pregon

3. (b) If veteran, name war..... None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife..... Anna Pregon

6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... June 15 1875
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 30
year 1948 hour 9 minute 00 A. M.

21. I hereby certify that I attended the deceased from Jan 3
....., 1948, to Jan 3 6....., 1948;
that I last saw him alive on Jul 30....., 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Carcinoma of Liver

Duration 6m

8. AGE: Years 72 Months 7 Days 15 If less than one day
hr. min.

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

10. Usual occupation Miner

11. Industry or business Coal Mines

12. Name Unknown Pregon

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

14. Maiden name..... Unknown

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

16. (a) Informant Michael Pregon
(b) Address 1918a Geyer Avenue

17. (a) Removal (b) Date thereof 1/30/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Benld, Illinois

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) JAN 30 1948 (b) J. F. Bredes
(Date received local register) (Registrar's signature)

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations.....

Of autopsy.....

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?..... (Specify type of place) 2

While at work?..... (e) Means of injury.....

23. Signature Hillard J. Pregon (M. D. or other) Do
Address 1829 S. 18th St. St. Louis, Mo Date signed 1/30/48

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. W. Wilkinson

Licensed Embalmer No. 3575

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.