

FILED OCT 15 1943

State File No. _____
Registrar's No. 123

Registration District No. 175

Primary Registration District No. 3036

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Aurora
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Highway No 60 2 Miles west of Aurora
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no (Specify whether
In this community Driving Through (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Macoupin 999
(c) City or town Benld 11
(If outside city or town limits, write "RURAL")
(d) Street No. 710 North Main St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Mike Steve Majzel

3. (b) If veteran, name war No 3. (c) Social Security No. 341-14-8645

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive X years
7. Birth date of deceased Nov 29 1922
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
20 9 12 X hr. X min.

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

10. Usual occupation Teamster

11. Industry or business Driving Truck

12. Name George Majzel

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

14. Maiden name Susie Scirenko Majzel

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

16. (a) Informant George Majzel

(b) Address Benld Ill

17. (a) Removal (b) Date thereof Sept 8. 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sept 12 1943

18. (a) Signature of funeral director J. F. King

(b) Address Aurora Mo

19. (a) Sept 8, 1943 (b) Ernest W. Scireny
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 7
1943 hour 9 minute P M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Collapsed Chest
Due to Trucks turned over on highway
Other conditions Driving of trucks
(Includes pregnancy within 3 months of death)

Major findings: Of operations 700-16
Of autopsy 170g
20

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) Accident 1.5.43
(b) Date of occurrence Sept 7
(c) Where did injury occur? Rural farm Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Highway 60
While at work? yes (Specify type of place) (Means of injury)

23. Signature Edwin Wilber (M. D. or other) Carson
Address Pinco City 710 Date signed 9/8/43

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

55
0
0

1156

RECEIVED

District Health Officer No. 6;

District File Number 1043-1151

Date Filed OCT 12 1943

NOV 1 1943

OCT 25 1943

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: Hermon M. Surridge
Licensed Embalmer No. 3072
P. O. Address Aurora 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.