

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28332**
Registrar's No. **7611**

FILED SEP 12 1949

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

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|---|----------------------------------|--|--|--|---|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 7611 | |
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Mo. | | | |
| b. CITY OR TOWN St. Louis | | c. LENGTH OF STAY (in this place) | | c. CITY OR TOWN St. Louis | | 17 2 0 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 2508 MARCUS AVE | | | | d. STREET ADDRESS (If rural, give location) 11-2508 MARCUS | | | |
| 3. NAME OF DECEASED (Type or Print) MARY | | | a. (First) | b. (Middle) R | c. (Last) MARIZ | 4. DATE OF DEATH (Month) (Day) (Year) AUG 31 1949 | |
| 5. SEX FEMALE | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH July 26-1882 | | 9. AGE (In years last birthday) 67 | IF UNDER 1 YEAR Months | IF UNDER 1 HR. Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife | | 10b. KIND OF BUSINESS OR INDUSTRY AT HOME | | 11. BIRTHPLACE (State or foreign country) AUSTRIA | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME FRANK SICHERI | | 13b. MOTHER'S MAIDEN NAME UNKNOWN | | 14. NAME OF HUSBAND OR WIFE LOUIS MARIZ | | | |
| 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. NONE | 17. INFORMANT'S SIGNATURE OR NAME Frank Mariz | | | | |
| 18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c). *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal Ypemia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Banti's Syndrome DUE TO (c) Cirrhosis of Liver II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | INTERVAL BETWEEN ONSET AND DEATH 2 weeks ? ? |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 124th | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 5810 | | | |
| 22. I hereby certify that I attended the deceased from 7/31 , 1949, to Aug 29 , 1949, that I last saw the deceased alive on Aug 29 , 1949. Death occurred at 10:30 p.m. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE Samuel E. Schechter, M.D. | | 23b. ADDRESS 634 N. Grand | | 23c. DATE SIGNED 9/1/49 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 24b. DATE SEP 30 1949 | 24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK | | 24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo. | | |
| DATE REC'D BY LOCAL REG. SEP 2 | | REGISTRAR'S SIGNATURE J. B. Foster | | 25. FUNERAL DIRECTOR'S SIGNATURE William Kelly 4386 Lindell | | | |

WRITE PLAINLY—USING 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.....

..... Student Embalmer No.

working under my personal supervision.

Signed.....
Student Embalmer

Signed James A. Lamson
.....

Licensed Embalmer No. 4142
.....

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