

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18663

FILED JUN 9 1951

1003

State File No. 1377

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) Creve Coeur		4. DATE OF DEATH (Month) (Day) (Year) 5 8 51	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital-				d. STREET ADDRESS (If rural, give location) Mosley Road			
3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH		b. (Middle) BONDI		c. (Last) TAUSSIG		4. DATE OF DEATH (Month) (Day) (Year) 5 8 51	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Oct. 3, 1904	
9. AGE (In years last birthday) 46		IF UNDER 1 YEAR Months 7 Days 6		IF UNDER 24 HRS. Hours Min. 		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) physician				10b. KIND OF BUSINESS OR INDUSTRY _____		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Albert E. Taussig			13b. MOTHER'S MAIDEN NAME Harriet Learned			14. NAME OF HUSBAND OR WIFE Frances McConnell Taussig	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes		16. SOCIAL SECURITY NO. 499-34-0805		17. INFORMANT'S SIGNATURE OR NAME Dr. Barrett Taussig, 4500 Olive Street			
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) Cerebral hemorrhage ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) Congenital aneurysm of right middle cerebral artery DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH 11 hours many years	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION Aneurysm of right middle cerebral artery				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____		21f. HOW DID INJURY OCCUR? 331X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from 1945 , to May 8 , 1951, that I last saw the deceased alive on May 8 , 1951, and that death occurred at 8 P m. , from the causes and on the date stated above.			
23a. SIGNATURE Barrett I. Taussig (Degree or title) M.D.		23b. ADDRESS 4500 Olive St.		23c. DATE SIGNED May 9, 51			
24a. BURIAL, CREMATION, REMOVAL (Specify) cremation		24b. DATE 5-10-51		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	
DATE REC'D BY LOCAL REG. 5-9-51		REGISTRAR'S SIGNATURE J. B. Hunter		25. FUNERAL DIRECTOR'S SIGNATURE C. R. Lupton & Sons - 7233 Delmar Blv'd., ADDRESS _____			

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

Dr. Barrett L. Tausig
4500 Olive Street
FO-3806

DEC 19 1952

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.

Max Embalmed

Student
Student Embalmer

Signed

Licensed Embalmer No.

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.