

FILED DEC 8-1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39428

State File No. _____

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 9725

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 9725	
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) SAINT LOUIS		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS University City 4356			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION PARK LANE HOSPITAL				d. STREET ADDRESS (If rural, give location) 1053 Midland Ave., /			
3. NAME OF DECEASED (Type or Print) a. (First) ROBERT		b. (Middle) LEE		c. (Last) MAZE		4. DATE OF DEATH (Month) (Day) (Year) November 2/51	
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH June 16, 1866	
9. AGE (In years last birthday) 85		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired: Letter Carrier.		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Acton, Indiana /	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Maze		13b. MOTHER'S MAIDEN NAME Margaret Cochran.		14. NAME OF HUSBAND OR WIFE Jennie Lavery. Maze.	
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 ADDRESS L.A. Morrison; 1053 Midland Ave.,			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage INTERVAL BETWEEN ONSET AND DEATH 3 days ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Arteriosclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
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) _____			
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"/>		21f. HOW DID INJURY OCCUR? 331A			
22. I hereby certify that I attended the deceased from 10-30 , 1951, to 11-2 , 1951, that I last saw the deceased alive on 11-2 , 1951, and that death occurred at 002 p. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) J. F. Koufman MD				23b. ADDRESS 6233 Delmar		23c. DATE SIGNED 11-2-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11-3-1951		24c. NAME OF CEMETERY OR CREMATORY Indianapolis, Indiana		24d. LOCATION (City, town, or county) (State) Indianapolis, Indiana	
DATE REC'D BY LOCAL REG. 10/3		REGISTRAR'S SIGNATURE J. F. Koufman MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton & Sons 7233 Delmar Blvd.			

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

20510

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.

Student
Student Embalmer

Signed Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, 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.