

S. No. 300
V. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36318

State File No. _____
Registrar's No. 9095

FILED OCT 21 1952

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis c. LENGTH OF STAY (in this place) 8 Days		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY _____ c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. Louis d. STREET ADDRESS (If rural, give location) 6042 Clemens	
3. NAME OF DECEASED (Type or Print) a. (First) Eugene b. (Middle) R. c. (Last) Dorn		4. DATE OF DEATH (Month) (Day) (Year) 10 1 52	
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH June 30, 1933
9. AGE (In years last birthday) 19		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salmon	10b. KIND OF BUSINESS OR INDUSTRY Cigarette machine
11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Harry Slon		13b. MOTHER'S MAIDEN NAME Janet Rouzorsky	
14. NAME OF HUSBAND OR WIFE _____		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. UNK		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Harry Slon 6042 Clemens	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) POLIOMYELITIS ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 0803			
22. I hereby certify that I attended the deceased from 9-23 , 19 52 , to 10-1 , 19 52 , that I last saw the deceased alive on 10-1 , 19 52 , and that death occurred at 12:45 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Fr. Bradea M.D.		23b. ADDRESS BARNES HOSPITAL	
23c. DATE SIGNED 10-1-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 10/2/52	
24c. NAME OF CEMETERY OR CREMATORY Chana Kadreka		24d. LOCATION (City, town, or county) (State) University Mo	
DATE REC'D BY LOCAL REGISTRY OCT 1 1952		REGISTRAR'S SIGNATURE J. Carl Smith M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE Bryan Nemmel		ADDRESS 4115 Madison	

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.

Student
Student Embalmer

Signed

James J. Ruderg

Licensed Embalmer No. 4229

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.