

FILED AUG 10 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24040

State File No.

BIRTH NO. REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5985 Registrar's No. 86

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Cook	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fort Leonard Wood		c. CITY OR TOWN Chicago	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 1 1/2 months		f. STREET ADDRESS (If rural, give location) 9230 Dauphin Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION US Army Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) Alexander b. (Middle) - - - c. (Last) Takacs		4. DATE OF DEATH (Month) (Day) (Year) August 4, 1954	
5. SEX Male	6. COLOR OR RACE Caucasian	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH 3 February 1936
9. AGE (In years last birthday) 18	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Soldier	10b. KIND OF BUSINESS OR INDUSTRY US Army	11. BIRTHPLACE (City and State or Foreign Country) Chicago, Illinois	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Unknown (Deceased)	13b. MOTHER'S MAIDEN NAME Mary (Unknown)	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) Yes 24 Jun 54 to date	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S NAME, TITLE, OR ADDRESS L.A. WHITE, Captain, MSC US Army Hosp Ft Leonard Wood, Mo.	
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) Massive internal hemorrhage ANTECEDENT CAUSES DUE TO (b) Severance of inferior vena cava DUE TO (c) Gunshot wound perforating abdomen II. OTHER SIGNIFICANT CONDITIONS Transection of spinal canal at level of L-2 and shattering bodies of L-2-3-4 Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION E9198 43	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT (Specify) SUICIDE HOMICIDE Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Bldg 1139	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Fort Leonard Wood Pulaski Missouri	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 4, 1954 6:15 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Machine gun was being passed to cleaning area when it discharged, striking the deceased.	
22. I hereby certify that I ^{SAW} attended the deceased from <u>on 4 August, 1954, to</u> <u>10</u> <u>that I last saw the deceased alive on</u> <u>and that he pronounced him dead 7:30 p. m., from the causes and on the date stated above.</u>			
23a. SIGNATURE Charles A. Brielman Vet MC		23b. ADDRESS US Army Hospital Fort Leonard Wood, Missouri	23c. DATE SIGNED 5 Aug 1954
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Aug. 16/54	24c. NAME OF CEMETERY OR CREMATORY Unknown	24d. LOCATION (City, town, or county) (State) Chicago, Ill.
DATE REC'D BY LOCAL REG. 8-5-54	REGISTRAR'S SIGNATURE Charles A. Brielman	458	25. FUNERAL HOME OR PLACE OF BURIAL Hedges Funeral Home Crocker, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

8-7-54
Date Filed
8-5-54
File Number
RECEIVED
Missouri Health Officer

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.....
Signature of Student Embalmer

Signed *Ewell C. Craig*
Licensed Embalmer No. *476*
P. O. Address *Crocker*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.