

FILED JUL 31 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26410

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **6725**

300
1-56

All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. No symptoms will be listed. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hosp.		d. STREET ADDRESS 2247 1/2 2848 McNair	
3. NAME OF DECEASED (Type or print) First Adam Middle Last Neisz		4. DATE OF DEATH Month July Day 18 Year 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 6 1882
9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months Days Hours Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Carpenter	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Hungary		12. CITIZEN OF WHAT COUNTRY? U. S. G.	
13. FATHER'S NAME Adam Neisz		14. MOTHER'S MAIDEN NAME Susanna Unt.	
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. 490-01-0590	
17. INFORMANT Address Helen Neisz 2848 McNair Av.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fracture of Right Hip; Arterio Sclerosis; Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) E904.0 DUE TO (c) 21			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) suffered in fall in rear of	
20c. TIME OF INJURY Hour 7 a. m. 9 p. m. 57 Month, Day, Year July 9 1957			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) rear house	
21. I attended the deceased from 1125 A to and last saw her alive at 1125 A		21b. ADDRESS 1300 Clark	
22a. SIGNATURE (Degree or title) Frank E. Quinn Deputy Coroner		22c. DATE SIGNED 7/19/57	
23a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial	23b. DATE 7-22-57	23c. NAME OF CEMETERY OR CREMATORY S. S. Peter & Paul Cem	23d. LOCATION (City, town, or county) (State) St. Louis Mo.
24. FUNERAL DIRECTOR Will Bro. & Hls 2429 S. Jefferson		25. DATE RECD. BY LOCAL REG. JUL 19 57	
26. REGISTRAR'S SIGNATURE J. Paul Smith, M.D.			

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 *Harvey Kable*
.....
(Licensed Embalmer No. *459*)
P. O. Address *St Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.