

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAR 31 1958

58-009476

STATE FILE NUMBER

Registration District No.

128

Primary Registration District No.

2000

Registrar's No.

304

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Michigan b. COUNTY Wayne	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Springfield		c. CITY OR TOWN Detroit 8210	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Burge Hospital		Length of stay in lb 11 days	
d. STREET ADDRESS 10048 Broad St.		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First MARVIN Middle ALBERT Last ALBERT		4. DATE OF DEATH Month March Day 20 Year 1958	
5. SEX Male 0	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 July 21, 1933
9. AGE (In years last birthday) 24		IF UNDER 1 YEAR Months 24 Days 0 Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) Detroit, Michigan /		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Morris Albert		13b. MOTHER'S MAIDEN NAME Helen Feldman	
14. NAME OF HUSBAND OR WIFE Eleanor R. Albert			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes Peacetime Army		16. SOCIAL SECURITY NO.	
17. INFORMANT Eleanor R. Albert, Detroit, Michigan		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) massive gastrointestinal hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) unknown DUE TO (c) unknown PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH 60 hrs.	
20a. ACCIDENT <input 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.) 133	
20c. TIME OF INJURY Hour 133 Month, Day, Year March 10, 1958 a.m. 4:45 p.m. March 20			
20d. INJURY OCCURRED WHILE AT <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.)	
20f. CITY, TOWN, OR LOCATION 133		COUNTY Wayne STATE Michigan	
21. I attended the deceased from Death occurred at March 10, 1958 to March 20, 1958 and last saw him alive on March 19, 1958 on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Effie B. Melton (Degree or title) MD		22b. ADDRESS 401 Prof. Bldg. - Springfield, Mo.	
22c. DATE SIGNED 3/20/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE March 21, 1958	
23c. NAME OF CEMETERY OR CREMATORY (unknown)		23d. LOCATION (City, town, or county) (State) Detroit, Michigan	
24. FUNERAL DIRECTOR Ralph Thieme ADDRESS Springfield, Mo.		25. DATE RECD. BY LOCAL REG. 3-21-58	
26. REGISTRAR'S SIGNATURE Effie B. Melton			

APR 29 1958

APR 1 1958

APR 11 1958

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 *La Mason*

Licensed Embalmer No. 4568
P. O. Address Springfield, M

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.