

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-026462

FILED VS AUG 4 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's **2 6872** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Louis		Length of stay in 1b 5yrs	c. CITY OR TOWN St Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1815 Lynch Street			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1815 Lynch Street	
3. NAME OF DECEASED (Type or print) First Mark Middle Bubash Last			4. DATE OF DEATH Month July Day 22 Year 1959		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/10/68	9. AGE (last birthday) 90	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 Warehouseman		10b. KIND OF BUSINESS OR INDUSTRY Lammerts	11. BIRTHPLACE (City and state or country) Jugoslovakia	12. CITIZEN OF WHAT COUNTRY U S	
13a. FATHER'S NAME Mark Bubash		13b. MOTHER'S MAIDEN NAME Anna ?		14. NAME OF HUSBAND OR WIFE Dora (Deceased)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT Address Emil Bubash 5540 Goethe Ave	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Cardiac collapse				INTERVAL BETWEEN ONSET AND DEATH 3 per	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Chr. Myocarditis		4 1/2 hrs	
		DUE TO (c) Hypotension		422.2	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	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.) _____	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		Month, Day, Year _____			
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.) _____		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from July 1956 to July 22-59 and last saw him alive on July 22-1959 Death occurred at 6 30 P on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Leo J. [Signature] (Degree or title)			22b. ADDRESS 2621 S. Jefferson		22c. DATE SIGNED 9/23/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 7/25/59	23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery		23d. LOCATION (City, town, or county) (State) St Louis County Mo.
24. FUNERAL DIRECTOR Moydell Funeral Home 1926 Allen		ADDRESS		25. DATE RECD. BY LOCAL REG. JUL 24 59	26. REGISTRAR'S SIGNATURE Keat Smith, M.D.

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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MJB

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Halley P. Joelle Jr

Licensed Embalmer No.

4950

P. O. Address

St Louis

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