

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-026925

X FILED VS. JUL 24 1959

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2-6506**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 40 yrs.	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA City Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3148 Olive St.
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First REBA Middle Last MARIZ			4. DATE OF DEATH Month July Day 9 Year 1959		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH July 8-1910	9. AGE (last birthday) 49	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Packer		10b. KIND OF BUSINESS OR INDUSTRY Novelty Mfg. Co.	11. BIRTHPLACE (City and state or country) Russia	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Victor Braun		13b. MOTHER'S MAIDEN NAME Sadie Chazen		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. None	17. INFORMANT Maurice Braun 715 Inter Drive, University City	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Multiple Traumatic injuries with tear of left coronary artery and exsanguinating hemorrhage**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (but not a disease condition given in PART I (a))
carried out when struck by truck operated by driver

INTERVAL BETWEEN ONSET AND DEATH
If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. MANNER OF DEATH Circumstantial	20b. DESCRIBE HOW INJURY OCCURRED (State nature of injury in PART I or PART II of 18.) carried out when struck by truck operated by driver at the intersection of Hamilton and Delmar, about 2:05 p.m.
20c. TIME OF INJURY Hour 2:05 p.m. Month, Day, Year 7 9 1959	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 0537 Street	20e. CITY, TOWN, OR LOCATION St. Louis Mo
20f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 2251 on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE Robert M. Quinn	22b. ADDRESS 1300 Glad	22c. DATE SIGNED 7/9/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 7/10/1959	23c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth
23d. LOCATION (City, town, or county) University City, Missouri		24. FUNERAL DIRECTOR Berger Memorial 4715 McPherson Ave.
25. DATE RECD. BY LOCAL REG. JUL 10 '59		26. REGISTRAR'S SIGNATURE Loat Smith. M.D.

M. G. B.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 *Alvin D. Rudwig*
Licensed Embalmer No. 4829

P. O. Address _____

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.