

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-034813

FILED OCT 13 1959

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2614

1. PLACE OF DEATH a. COUNTY St. Louis County		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Colorado b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Crestwood		Length of stay in 1b 5 weeks	c. CITY OR TOWN Denver
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 8949 Crestoak Lane		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4434 Columbine
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First FRANK Middle RUBOLPH Last MEZMAR			4. DATE OF DEATH Month October Day 2 Year 1959		
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 11/23/1897	9. AGE (last birthday) 61 yrs.	IF UNDER 1 YEAR Months 10 Days 9 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Iron refinery worker		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and state or country) Denver, Colorado	
12. CITIZEN OF WHAT COUNTRY U. S. A.		13a. FATHER'S NAME Frank Mezmar		13b. MOTHER'S MAIDEN NAME Mary Yudez	
14. NAME OF HUSBAND OR WIFE Frances Berce		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. 523-24-3610	
17. INFORMANT Mrs. Frances Melillo - 8949 Crestoak La.		18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia DUE TO (b) Bronchiectasis DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 10 days 3 yrs	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Carcinoma of Lung (6 years)			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 type="checkbox"/> NO <input checked="" 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 Month, Day, Year a.m. p.m. 		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 9/26/59 to 10/2/59 and last saw her Death occurred at 5: A m on the date stated above, and to the best of my knowledge, from the causes stated.			21. I attended the deceased from 9/26/59 to 10/2/59 and last saw him Death occurred at 10/2/59 m on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Degree or title) Fride Mortensen M. D.			22b. ADDRESS 3701 Grandel Square		22c. DATE SIGNED 10-2-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10/2/59	23c. NAME OF CEMETERY OR CREMATORY Mount Olive Cemetery		23d. LOCATION (City, town, or county) (State) Denver, Colorado	
24. FUNERAL DIRECTOR Gebken Sons - St. Louis 18, Mo.			25. DATE RECD. BY LOCAL REG. 10-2-59		26. REGISTRAR'S SIGNATURE Jane M. Murphy M.D.

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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert F. Gebke

Licensed Embalmer No. 4144
2630 Gravois Ave
P. O. Address St. Louis 18, Mo

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.