

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-038042

FILED VS. OCT. 23 1959

Primary Registration District No. _____

Registrar's No. **2,9413**

STATE FILE NUMBER

AMENDED

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N. GRAND, ST. LOUIS, MO.		Length of stay in 1b 155 days	c. CITY OR TOWN ST. LOUIS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET. ADM. HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1901 PARK AVE.
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First AZHYA Middle R. Last SALAMIE	4. DATE OF DEATH Month OCTOBER Day 13 Year 1959
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5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/20/90	9. AGE (last birthday) 69	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) MT. LEBANON, SYRIA	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME ROUFEL SALAMIE	13b. MOTHER'S MAIDEN NAME HOBUS GEORGE	14. NAME OF HUSBAND OR WIFE - - - - -
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES	16. SOCIAL SECURITY NO. 493-09-5634	17. INFORMANT VA HOSP. RECORDS, ST. LOUIS, MO.	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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) CERVICAL ABSCESS FORMATION WITH POSTERIOR		1 MONTH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) MONOCYTTIC LEUKEMIA	UNKNOWN
	DUE TO (c) - - - - - 204.2 - - - - -	-

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) - - - - -	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
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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.) - - - - -
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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.) VA	20f. CITY, TOWN, OR LOCATION ST. LOUIS	COUNTY MO	STATE MO
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21. I attended the deceased from 5/11/59 to 10/13/59 and last saw him live on 10/13/59 Death occurred at 12:20 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.
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22. SIGNATURE (Degree or title) Robert M. Donatiah, M.D.	22b. ADDRESS M.D. ROBERT M. DONATIAH, ST. LOUIS, MO.	22c. DATE SIGNED 10/13/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE OCT. 15 1959	23c. NAME OF CEMETERY OR CREMATORY S. S. PETER & PAUL	23d. LOCATION (City, town, or county) (State) ST. LOUIS MO
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24. FUNERAL DIRECTOR Thomas Kutev 2906 Leavitt	25. DATE RECD. BY LOCAL REG. OCT 14 '59	26. REGISTRAR'S SIGNATURE Head Smith, M.D.
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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

Eleana Province

Licensed Embalmer No.

3403

P. O. Address

2906 Gravo

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.