Health, & Welfare Public Service

. 300
. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38411
STATE FILE NUMBER

FILED OCT 28 1957 Registration District No. 317 Primary Registration District No. 531 Registrar's No. 2577

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN University City — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 734 Kingsland — Length of stay in 1b 4 Yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN University City 4006 ? — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 734 Kingsland — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First HARRY Middle Last DRAZEN
4. DATE OF DEATH Month Day Year Oct. 18, 1957
5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED X NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ 1
8. DATE OF BIRTH unk
9. AGE (In last birthday) ab. 80 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manufacturer
10b. KIND OF BUSINESS OR INDUSTRY Mens Clothing
11. BIRTHPLACE (City and state or country) Russia 6
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Mordecai Drazen
14. MOTHER'S MAIDEN NAME Baila (unknown)
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT Address Mrs. Miriam Drazen 734 Kingsland

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hodgkins Sarcoma — INTERVAL BETWEEN ONSET AND DEATH Nuo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) — DUE TO (c) 201 X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Pul. Emphysema - Chronic Bronchitis - 2
19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 3/22/57, to 10/18/57 and last saw ~~her~~ him alive on 10/18/57
Death occurred at 3:50 AM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Morris Alex M. 0
22b. ADDRESS 601 Humboldt Bldg
22c. DATE SIGNED 10/18/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10/20/1957
23c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth
23d. LOCATION (City, town, or county) (State) University City, Missouri
24. FUNERAL DIRECTOR ADDRESS Berger Memorial 4715 McPherson
25. DATE RECD. BY LOCAL REG. 10-18-57
26. REGISTRAR'S SIGNATURE Herbert R. Danke ASC

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER.

I hereby certify that the body whose name is recorded on the reverse side of this certificate was eml

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Louis J. Ludwig

Licensed Embalmer No. 42

P. O. Address.....

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