

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-038242

FILED VS NOV 6 1959

STATE FILE NUMBER

Registration District No. Primary Registration District No. Registrar's No. 2 9939

ENDED

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.		Length of stay in 1b		c. CITY OR TOWN ST. LOUIS, MO 2337 MAIDEN LANE		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP. #1			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2337 Maiden Lane		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First RAFAT Middle - Last WZER				4. DATE OF DEATH Month OCTOBER Day 18 Year 1959									
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 2/10/91		9. AGE (last birthday) 68		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNKNOWN				10b. KIND OF BUSINESS OR INDUSTRY ??		11. BIRTHPLACE (City and state or country) ALBANIA		12. CITIZEN OF WHAT COUNTRY ??					
13a. FATHER'S NAME ??				13b. MOTHER'S MAIDEN NAME NELLIE				14. NAME OF HUSBAND OR WIFE None					
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. 486-14-6490		17. INFORMANT Address ST. LOUIS CITY HOSP. #1.							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia DUE TO (b) Chronic Lung disease DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. (a) Carcinoma of Bladder										INTERVAL BETWEEN ONSET AND DEATH			
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 Sept 24, 1959 to Oct 18, 1959 and last saw her/him alive on OCT 18, 1959 Death occurred at 6:15 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) Alan J. Heltz, M.D.						22b. ADDRESS 1515 LAFAYETTE AVE.			22c. DATE SIGNED 10/18/59				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10-30-1959		23c. NAME OF CEMETERY OR CREMATORY Concordia Cemetery			23d. LOCATION (City, town, or county) St. Louis, Mo.			23e. (State)			
24. FUNERAL DIRECTOR ADDRESS Beiderwieden F.H. 1936 St. Louis Ave.				25. DATE RECD. BY LOCAL REG. OCT 29 1959		26. REGISTRAR'S SIGNATURE Earl Smith, M.D. <i>S.P.</i>							

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.

Not Embalmed
Erwin L. Baker