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MINNESOTA DEPARTMENT OF HEALTH
Division of Vital Statistics
CERTIFICATE OF DEATH

Registered No. ........

1 PLACE OF DEATH: STATE OF MINNESOTA
County Hennepin
Township or Village or City
Street Address Maternity Hospital
(If hospital or institution give its NAME instead of St. and No.)
Length of stay:
In hospital or institution ... yrs. ... mos. 9 hrs.
In above district ... yrs. ... mos. 9 hrs.

2 USUAL RESIDENCE OF DECEASED:
State Minnesota
County Hennepin
Township or Village or City St Louis Park
Street Address 2910 Princeton Avenue
Is residence within limits of a city or an incorporated village? yes

760C

(a) If veteran, name war
(b) Social Security number (if any)

3 FULL NAME Boy Segal

4 SEX Male
5 COLOR OR RACE White
6 Single, Married, Widowed or Divorced (Write the word) Single
7 (a) If married, widowed or divorced, NAME OF HUSBAND OR WIFE
(b) AGE if alive ... years
8 DATE OF BIRTH (month, day, year) 12-26-49 1 Am
9 AGE Years ... Months ... Days ... IF LESS than 1 day, 9 hrs. or ... min.
10 USUAL OCCUPATION
11 BIRTHPLACE (City or Town) (State or Country) Mpls, Minn.
Father
12 NAME ~~Boy~~ Segal, David
13 BIRTHPLACE (City or Town) (State or Country) Mpls, Minn.
Mother
14 MAIDEN NAME Firley Kronick
15 BIRTHPLACE (City or Town) (State or Country) Mpls, Minn.
16 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
Informant's own Signature Luella Rable, R.N.
Address Maternity Hospital
17 Date of burial ... Cremation: Yes ☐ No ☐
Place of burial or removal
P. O. Address and State
Name of cemetery
Lot Number ... Block Number
18 Signature of Embalmer or Funeral Director:
Emb. Lic. No.
F. D. Lic. No.
Address U of M 13929
Firm name U of M Anatomy Dept
19 Date filed: 1-4 1950 Ruth E. Johnson
DEPUTY Signature of Local Registrar

MEDICAL CERTIFICATION
20 DATE OF DEATH 12-26 1949
21 I HEREBY CERTIFY: That I attended deceased from 12-26 1949 to ... 19...
I last saw h... alive on 12-26 1949
To the best of my knowledge, death occurred on the date stated above, at 9 A M.
Immediate cause of death Anoxia
Due to Prematurity - 26 wks.
Non-viable
Due to Premature rupture of membranes.
Duration
Other conditions
(Include pregnancy within 3 months of death)
Major findings Of operations:
Was autopsy performed? ... Major Findings: *
22 If death was due to external cause, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ... While at work? (Specify type of place)
(e) Means of injury
23 Signature Melvin B Benjamin M.D.
Address ... Date

Burial or removal permit issued ... 19... Signature of Sub-Registrar

WRITE PLAINLY, WITH UNFADING BLACK INK
MARGIN RESERVED FOR BINDING

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R.L.

*Use other side if necessary.

Abstracted Evidence Supporting Alteration.