

10/01-2 10/01

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| 1. PLACE OF DEATH a. COUNTY Harris | | 2. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) a. STATE Texas b. COUNTY Harris | |
| b. CITY OR TOWN (If outside city limits, give precinct no.) Houston | | c. CITY OR TOWN (If outside city limits, give precinct no.) Houston | |
| d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION M. D. Anderson Hospital | | d. STREET ADDRESS (If rural, give location) 4426 Osby Drive | |
| e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 3. NAME OF DECEASED (Type or print) (a) First James (b) Middle NMI (c) Last Umbricht | | 4. DATE OF DEATH April 8, 1964 | |
| 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 September 17, 1930 |
| 9. AGE (In years last birthday) 33 | | IF UNDER 1 YEAR Months Days Hours Minutes | IF UNDER 24 HRS. Hours Minutes |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pitcher | | 10b. KIND OF BUSINESS OR INDUSTRY Baseball | |
| 11. BIRTHPLACE (State or foreign country) Chicago, Illinois | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13. FATHER'S NAME Eduard Umbricht | | 14. MOTHER'S MAIDEN NAME Jantina Umbricht | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. 41-110-11-1111 | |
| 17. INFORMANT Hospital Records | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Malignant melanoma, generalized metastases Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) | | | INTERVAL BETWEEN ONSET AND DEATH |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) | | | 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 II) | | |
| 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 building, etc.) | 20f. CITY, TOWN, OR LOCATION | COUNTY STATE |
| 21. I hereby certify that I attended the deceased from March 16, 19 64 to April 8, 19 64 and last saw the deceased alive on April 8, 19 64 . Death occurred at 8:15 a. m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <i>J. Umbricht, M.D.</i> (Degree or title) | | 22b. ADDRESS M. D. Anderson Hospital | 22c. DATE SIGNED 4/8/64 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation | | 23b. DATE April 9, 1964 | 23c. NAME OF CEMETERY OR CREMATORY Forest Park West Crematory |
| 23d. LOCATION (City, town, or county) Houston | | 23e. STATE Texas | |
| 24. FUNERAL DIRECTOR'S SIGNATURE <i>John W. Morrow</i> | | 24. FUNERAL DIRECTOR'S SIGNATURE Settegast-Kopf Co. (John W. Morrow #615) | |
| 25a. REGISTRAR'S FILE NO. 2643 | | 25b. DATE REC'D BY LOCAL REGISTRAR APR. 9, 1964 | |
| 25c. REGISTRAR'S SIGNATURE <i>A. N. Allen</i> | | | |

TEXAS DEPARTMENT OF HEALTH
REC'D. APR 20 1964
BUREAU OF VITAL STATISTICS

TEXAS DEPARTMENT OF HEALTH — BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATION

VS-112, REV. 1/58