

FILED APR 20 1950

STANDARD CERTIFICATE OF DEATH

14482

State File No.

318

1003

3229

Registrar's No.

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Illinois</i> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St Louis</i>	c. LENGTH OF STAY (In this place) <i>2 wks</i>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Thompsonville</i>	<i>6125</i>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St Lukes Hospital</i>		d. STREET ADDRESS (If rural, give location) <i>6125</i>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <i>Avie</i>	b. (Middle) <i>Mary</i>	c. (Last) <i>Droit</i>	(Month) <i>4</i>	(Day) <i>6</i>	(Year) <i>50</i>

5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>1-2-1901</i>	9. AGE (In years last birthday) <i>49</i>	IF UNDER 1 YEAR Months	IF UNDER 6 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Saline Co Ill</i>	12. CITIZEN OF WHAT COUNTRY? <i>US</i>
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13a. FATHER'S NAME <i>J. S. Cardwell</i>	13b. MOTHER'S MAIDEN NAME <i>Anne Phillips</i>	14. NAME OF HUSBAND OR WIFE <i>Renow</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <i>Renow</i>	ADDRESS <i>Droit Thompsonville Ill</i>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Brain tumor - Malignant Glioma</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <i>6 weeks</i>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____		

19a. DATE OF OPERATION <i>4-5-50</i>	19b. MAJOR FINDINGS OF OPERATION <i>Malignant Glioma - Right Cerebral Hemisphere</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>No</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Thompsonville Ill</i>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>193X</i>
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22. I hereby certify that I attended the deceased from *4-4* 19*50*, to *4-* 19*50*, that I last saw the deceased alive on *4-5*, 19*50*, and that death occurred at *3:04 p.m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Leona J. Inlow M.D.</i>	(Degree or title)	23b. ADDRESS <i>3770 Washington - St Louis Mo</i>	23c. DATE SIGNED <i>4-6-50</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24b. DATE <i>4-6-50</i>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <i>Thompsonville Ill</i>
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DATE REC'D BY LOCAL REG. <i>APR 10 1950</i>	REGISTRAR'S SIGNATURE <i>J. B. Basater</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Walter Courtney</i>	ADDRESS <i>Salina Ill</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

J. Allen Davis Jr.

Licensed Embalmer No. *4053*

P. O. Address *Othman 10 Mo*

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 this body is not embalmed, fact should be so stated above.