

S. No. 20  
V. 10.48

FILED JUL 18 1950

THE DIVISION OF HEALTH OF ILLINOIS  
STANDARD CERTIFICATE OF DEATH

25322

State File No. ....

318

1003

Registrar's No. .... 5853

BIRTH NO. ....		REG. DIST. NO. ....		PRIMARY REG. DIST. NO. ....		Registrar's No. ....			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois				b. COUNTY Madison	
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 1 day		c. CITY OR TOWN Granite City		8120			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Children's Hosp.				d. STREET ADDRESS (If rural, give location) 2042 14th St.				8	
3. NAME OF DECEASED (Type or Print) Charlotte			a. (First)		b. (Middle) Suoich		c. (Last)		
4. DATE OF DEATH July 6, 1950		(Month)		(Day)		(Year)			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) child		8. DATE OF BIRTH Sept. 17, 1945		9. AGE (in years last birthday) 4	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) child		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (State or foreign country) Granite City, Illinois		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Louis Suoich			13b. MOTHER'S MAIDEN NAME Catherine Cigich			14. NAME OF HUSBAND OR WIFE none			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Louis Suoich		ADDRESS Granite City Illinois			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subdural hemorrhage Pulmonary		Antecedent Causes: Pedicula suffered severe stroke due to (b) auto driven by one Jean Meyer in front of about 1810 Omaha St Granite City Ill about 1:55 pm							
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. July 5 1950							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Accident 812						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street		21c. CITY, TOWN, OR TOWNSHIP Granite City		21d. (COUNTY) Ill		21e. (STATE)	
21d. TIME OF INJURY July 5 50 1950 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 8124					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 259 m., from the causes and on the date stated above. 25									
23. SIGNATURE Gabriel C. Taylor, Coroner				23b. ADDRESS 1500. Clark		23c. DATE SIGNED 7.6.50			
24a. BURIAL, CREMATION, REMOVAL (Specify) removal 5		24b. DATE July 6, 1950		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) Madison Illinois		(State)	
DATE REC'D BY LOCAL REG. JUL 6 1950		REGISTRAR'S SIGNATURE J. B. Laster		25. FUNERAL DIRECTOR'S SIGNATURE John T. Sedlach		ADDRESS Madison Ill.			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

*Handwritten mark*

**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 .....  
Student Embalmer

Signed *John T. Sedlacek*  
Licensed Embalmer No. *3747*  
P. O. Address *Madison, Illinois*

**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.