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1003

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 <u>Illinois</u> b. COUNTY <u>St. Clair</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>4 weeks</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>East St. Louis</u>		8170			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Pacific</u>				d. STREET ADDRESS (If rural, give location) <u>835 N 22nd</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Silas</u>			b. (Middle) <u>Nolan</u>		c. (Last) <u>Ping</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 1 1950</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>April 28, 1893</u>		9. AGE (In years last birthday) <u>57</u> if UNDER 1 YEAR: MONTHS _____ DAYS _____ if UNDER 1 HR.: HOURS _____ MIN. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Fireman</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Mo. Pacific RR</u>		11. BIRTHPLACE (State or foreign country) <u>Newton Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Frank Ping</u>			13b. MOTHER'S MAIDEN NAME <u>Missouri Warner</u>			14. NAME OF HUSBAND OR WIFE <u>Cecil Ann Ping</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or not known). (If yes, give war or dates of service) <u>Yes World War I</u>			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John Danco E. St. Louis</u>				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pyloric obstruction</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 months</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Duodenal ulcer</u>		2 yrs.			
DUE TO (c)				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral vascular accident</u>		1 1/2 months			
19a. DATE OF OPERATION <u>Sept 14, 1950</u>		19b. MAJOR FINDINGS OF OPERATION <u>Pyloric obstruction & active large duodenal ulcer</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
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? <u>54118</u>					
22. I hereby certify that I attended the deceased from <u>Sept 10, 1950</u> , to <u>Oct 1, 1950</u> , that I last saw the deceased alive on <u>Oct 1, 1950</u> , and that death occurred at <u>4:35 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Henry H. Brown M.D.</u> (Degree or title)				23b. ADDRESS <u>3700 Washington</u>			23c. DATE SIGNED <u>7 Oct. 50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Oct 2 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Gr. St. Louis</u>		24d. LOCATION (City, town, or county) (State) <u>El Dorado - Illinois</u>			
DATE REC'D BY LOCAL REG. <u>OCT 2 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Lanter</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ch. Kurrus E. St. Louis La</u>				

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 _____
Student Embalmer

NOT
Embalmed

Signed _____

Student Embalmer No. _____

Licensed Embalmer No. 3162

P. O. Address E. St Louis 7

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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

STATEMENT BY LICENSED EMBALMER