

THE DIVISION OF HEALTH OF THE STATE OF ILLINOIS
STANDARD CERTIFICATE OF DEATH

18310
State File No. 4786

FILED JUN 6 1952

BIRTH NO. _____		REG. DIST. NO. 918		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS				c. LENGTH OF STAY (In this place)			
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL				d. STREET ADDRESS (If rural, give location) 1117 NORTH 9TH ST.			
3. NAME OF DECEASED (Type or Print)		a. (First)		b. (Middle)		c. (Last)	
LORETTA				C.		MENDRYS	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH APRIL 1, 1892	
9. AGE (In years last birthday) 60		10. MONTHS 1		11. DAYS 21		12. HOURS & MIN. 52	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (City and State or Foreign Country) POLAND		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME MICHAEL FLOREK		13b. MOTHER'S MAIDEN NAME CLARA OWCA		14. NAME OF HUSBAND OR WIFE JOHN MENDRYS			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME JOHN MENDRYS			
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) BRAIN TUMOR, MALIGNANT (GLIOBLASTOMA)				INTERVAL BETWEEN ONSET AND DEATH 1 YEAR	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION 5/21/52		19b. MAJOR FINDINGS OF OPERATION CRANIOTOMY				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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 193X			
22. I hereby certify that I attended the deceased from <u>May 20</u> , 19 <u>52</u> , to <u>May 22</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>May 22</u> , 19 <u>52</u> , and that death occurred at <u>6:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Paul J. Caldwell, M.D.				23b. ADDRESS 600 S. KINGSHIGHWAY		23c. DATE SIGNED 5/22/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 5/22/1952		24c. NAME OF CEMETERY OR CREMATORY ST. ADALBERT'S		24d. LOCATION (City, town, or county) (State) CANTOEN TWP. ILLINOIS	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAY 24 1952		REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE John Kelly		ADDRESS 1101 NORTH NINTH E. ST. LOUIS, ILL.	

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Robt. M. Danderman

Licensed Embalmer No. J. J. R. 722

P. O. Address 1101 No. 9th St.

J. J. R. 722

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.