

FILED JUN 6 1952

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

18648

State File No. _____

1003

Registrar's No. 4671

BIRTH NO. _____		REG. DIST. NO. <u>818</u>		PRIMARY REG. DIST. NO. _____		REGISTRAR'S NO. <u>4671</u>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>			c. LENGTH OF STAY (In this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Belleville</u>			<u>8122</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Barnes Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>716 Caroline street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u>		b. (Middle) <u>Janet</u>		c. (Last) <u>Vratney</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5-16-52</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>6-11-1925</u>		9. AGE (In years last birthday) <u>26</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>East Carondelet, Ill.</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Earl Hasty</u>		13b. MOTHER'S MAIDEN NAME <u>Melvina Ann Kirk</u>		14. NAME OF HUSBAND OR WIFE <u>Sylvester Vratney</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		18. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Sylvester Vratney, Belleville, Ill</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>Septicemia following abortion</u> <u>following criminal abortion performed by one Helen Bereman at 5712 E. B Street on 502 Lebanon Ave. - of Belleville Ill. on or about January 1, 1952</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO _____ DUE TO _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND DEATH _____
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>Criminal Abortion</u>					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT OR SUICIDE <u>Criminal Abortion</u>		21b. PLACE OF INJURY (e.g. In or about home, farm, factory, street, office bldg., etc.) <u>House</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Belleville Ill</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan 1 52</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>6512</u>			
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 <u>5:20</u> p.m., from the causes and on the date stated above.							
23. SIGNATURE (Degree or title) <u>Patrick E. Taylor, M.D.</u>				23b. ADDRESS <u>1300 Clark</u>		23c. DATE SIGNED <u>5-20-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>5-17-52</u>	24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <u>Belleville, Ill.</u>		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>MAY 20 1952</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Carl Smith MD</u>			ADDRESS <u>Gaerdner, Belleville, Ill.</u>		

WRITE PLAINLY—USING UNFADEING 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

Ben El-Doghan

Licensed Embalmer No. *1366*

P. O. Address *Shoreline, WA*

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.