

FILED FEB 3 1953

STANDARD CERTIFICATE OF DEATH

State File No. **3019**
 Registrar's No. **0666**

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Illinois</i> b. COUNTY <i>St. Clair</i> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis, Mo.</i> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>East St. Louis, Ill 8120</i> | |
| c. LENGTH OF STAY (in this place) <i>10 Days</i> | | d. STREET ADDRESS (If rural, give location) <i>1323 Winstanley Ave.</i> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <i>BARNES HOSPITAL</i> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <i>Elizabeth</i> b. (Middle) <i>*</i> c. (Last) <i>Diette</i> | | | 4. DATE OF DEATH (Month) <i>1</i> (Day) <i>20</i> (Year) <i>53</i> |
| 5. SEX <i>female</i> | 6. COLOR OR RACE <i>white</i> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i> | 8. DATE OF BIRTH <i>5-21-1893</i> |
| 9. AGE (In years last birthday) <i>59</i> | | 10. KIND OF BUSINESS OR INDUSTRY <i>None</i> | 11. BIRTHPLACE (City and State or Foreign Country) <i>Hungary</i> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i> | | 12. CITIZEN OF WHAT COUNTRY? <i>USA</i> | |
| 13a. FATHER'S NAME <i>Karl Toth</i> | | 13b. MOTHER'S MAIDEN NAME <i>Margaret Bodis</i> | |
| 14. NAME OF HUSBAND OR WIFE | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i> | |
| 16. SOCIAL SECURITY NO. <i>499-26-9006</i> | | 17. INFORMANT'S SIGNATURE OR NAME <i>Helen Leckosky, C. H. Toth</i> ADDRESS <i>1323 Winstanley Ave.</i> | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> | | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma of cervix with metastasis to lung.</i> | | | |
| ANTECEDENT CAUSES DUE TO (b) <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> | | | |
| DUE TO (c) | | | |
| II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 <i>171X</i> | | | |
| 22. I hereby certify that I attended the deceased from <i>1/10</i> , 19 <i>53</i> , to <i>1/20</i> , 19 <i>53</i> , that I last saw the deceased alive on <i>1/20</i> , 19 <i>53</i> , and that death occurred at <i>5:50 a.m.</i> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <i>FR Prusler</i> (Degree or title) <i>M.D.</i> | | 23b. ADDRESS <i>BARNES HOSPITAL</i> | |
| 23c. DATE SIGNED <i>1/20/53</i> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i> | | 24b. DATE <i>1-20-53</i> | |
| 24c. NAME OF CEMETERY OR CREMATORY <i>Mt Carmel</i> | | 24d. LOCATION (City, town, or county) (State) <i>Belleme Ill</i> | |
| DATE REC'D BY LOCAL REG. <i>JAN 21 1953</i> | | REGISTRAR'S SIGNATURE <i>Carl Smith M.D.</i> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <i>Stedacks Bros</i> | | ADDRESS <i>C. H. Toth Ill</i> | |

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 me

Student Embalmer No. 2420

working under my personal supervision.

Student
Student Embalmer

Signed Ben T. Baldwin

Licensed Embalmer No. 2420

P. O. Address Court St Lowell

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.