

STANDARD CERTIFICATE OF DEATH

5861

State File No.

1003

0990

BIRTH NO. FILED MAR 4 1954

REG. DIST. NO. 318

PRIMARY REG. DIST. NO.

Registrar's No.

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 1 wk		c. CITY OR TOWN Madison	
d. FULL NAME OF HOSPITAL OR INSTITUTION FIRMIN DESLOGE Hosp.		e. STREET ADDRESS (If rural, give location) 1201 Douglas 8128			
3. NAME OF DECEASED (Type or Print) a. (First) OSCAR		b. (Middle)		c. (Last) ALLEN	
4. DATE OF DEATH (Month) (Day) (Year) JAN 30 1954		5. SEX M		6. COLOR OR RACE W	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 2-5-1905		9. AGE (In years last birthday) 48	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMER		11. BIRTHPLACE (City and State or Foreign Country) Kentucky	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME unknown	
14. NAME OF HUSBAND OR WIFE Opal ALLEN		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNKNOWN		16. SOCIAL SECURITY NO. unknown	
17. INFORMANT'S SIGNATURE OR NAME Opal Allen, Madison, Ill.		ADDRESS			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) CARCINOMA of Stomach.		INTERVAL BETWEEN ONSET AND DEATH	
		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.		Empyema of left thorax	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Inoperable Ca of Stomach & liver metastasis		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 151X	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on 1/30, 1954, and that death occurred at 2:25 A.M., from the causes and on the date stated above.					
23a. SIGNATURE J. J. Dubryau M.D.		(Degree or title)		23b. ADDRESS 1335 S. GRAND	
23c. DATE SIGNED 1/30/54		24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 1-30-54	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Alton, Mo.			
DATE REC'D BY LOCAL REG. FEB 1 1954		REGISTRAR'S SIGNATURE J. C. Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clary, Alton, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *Ronald O. Gulek*.....

Licensed Embalmer No. *391*.....

P. O. Address *St Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.