

STANDARD CERTIFICATE OF DEATH

State File No. **6704**
Registrar's No. **2091**

FILED MAR 15 1954

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY MADISON	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY OR TOWN Granite City	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Firmin Desloge Hosp.		e. STREET ADDRESS (If rural, give location) 2716 Denver 8128	

3. NAME OF DECEASED (Type or Print) a. (First) ESSIE b. (Middle) M. c. (Last) Reeves			4. DATE OF DEATH (Month) (Day) (Year) 3 5 54		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec 8, 1881	9. AGE (In years last birthday) Months Days Hours Min. 72	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and State or Foreign Country) Bethel, Ohio		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME UNKNOWN	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE -
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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 ADDRESS Florence Laubley 2421 Bryan Granite City, Ill.
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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		INTERVAL BETWEEN ONSET AND DEATH Dec '53 - Mar '54
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diabetes Mellites DUE TO (c) Generalized Arteriosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4201
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22. I hereby certify that I attended the deceased from **JAN. 20, 1954** to **MARCH 5, 1954**; that I last saw the deceased alive on **MARCH 5, 1954**, and that death occurred at **8:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Anil Fri	(Degree or title) M.D.	23b. ADDRESS Desloge Hosp. St. Louis, Mo	23c. DATE SIGNED 3-6-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 3-6-54	24c. NAME OF CEMETERY OR CREMATORY ST. JOHNS.	24d. LOCATION (City, town, or county) (State) GRANITE CITY, ILL.
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DATE REC'D BY LOCAL REG. MAR 6 1954	REGISTRAR'S SIGNATURE Frank Merwin	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Frank Merwin, Granite City, Ill.
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(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.....
Signature of Student Embalmer

Signed *Charles E. Mercer*.....

Licensed Embalmer No. *298*.....

P. O. Address *Granite City Pa*.....

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.