

FILED JUN 24 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21090**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>4720</b>	
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 OR TOWN <b>St Louis</b> )				a. STATE <b>Illinois</b>			
c. LENGTH OF STAY (in this place)				b. COUNTY <b>Madison</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>De Paul Hospital</b>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Granite City</b>			
d. STREET ADDRESS <b>2640 Edwards</b>				(If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Ethel</b>		b. (Middle) <b>L</b>		c. (Last) <b>Phayer</b>	
4. DATE OF DEATH		(Month) <b>May</b>		(Day) <b>25</b>		(Year) <b>1954</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>July 14, 1901</b>		9. AGE (In years last birthday) <b>52</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Court Reporter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>City Court</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Louisville, Kentucky</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>Frank Bennett</b>		13b. MOTHER'S MAIDEN NAME <b>Nellie B Hawkins</b>		14. NAME OF HUSBAND OR WIFE <b>---</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>333-03-0709</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>B. Frank Bennett, 2644 Edwards, Granite City</b>			
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					
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial infarction</b>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arterio-sclerosis</b> DUE TO (c) <b>post-operative</b>				INTERVAL BETWEEN ONSET AND DEATH <b>1 w</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION <b>5-18-54</b>		19b. MAJOR FINDINGS OF OPERATION <b>Chronic Diverticulitis</b>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE OR 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? <b>5721</b>			
22. I hereby certify that I attended the deceased from <b>5/14, 1954</b> , to <b>5/27, 1954</b> , that I last saw the deceased alive on <b>5/27, 1954</b> and that death occurred at <b>8 P</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>[Signature]</b>				(Degree or title)		23b. ADDRESS <b>4952 Maryland</b>	
23c. DATE SIGNED <b>5/27/54</b>		24a. BURNING, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>May 26, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Edwardsville, Illinois</b>		DATE REC'D BY LOCAL REG. <b>MAY 27 1954</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Frank Mercer Granite City, Ill</b>	

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 Charles E Mercer

Licensed Embalmer No. 2988

P. O. Address Granite City Ill

**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.**