

THE DIVISION OF HEALTH OF THE STATE OF ILLINOIS
STANDARD CERTIFICATE OF DEATH

3106

FILED JAN 26 1956

State File No. _____

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **537**

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) St. Louis		c. LENGTH OF STAY (in this place) 2 days	c. CITY OR TOWN Granite City
d. FULL NAME OF HOSPITAL OR INSTITUTION: Jewish Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) JOHN		a. (First) JOHN b. (Middle) W. c. (Last) WILLIAMS	4. DATE OF DEATH (Month) (Day) (Year) 1-15-56
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 5-13-1874
9. AGE (In years less birthday) 81	If UNDER 1 YEAR Months Days	If UNDER 24 HRS. Hours Min.	11. BIRTHPLACE (City and State or Foreign Country) Clinton County, Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) janitor		10b. KIND OF BUSINESS OR INDUSTRY School	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Mary Williams
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. unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Don R. Williams, Granite City, Ill.
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive cardiovascular disease DUE TO (c) 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 443x	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	
22. I hereby certify that I attended the deceased from 1-16 , 19 56 , to 1-15 , 19 56 , that I last saw the deceased alive on 1-15 , 19 56 , and that death occurred at 11:25P m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Paul D. Silversmith, M.D.		23b. ADDRESS 508 No Grand. Madison Mo	23c. DATE SIGNED 1-16-56
24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 1-16-56	24c. NAME OF CEMETERY OR CREMATORY Centralia, Ill.	24d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. JAN 16 1956		REGISTRAR'S SIGNATURE J. Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Francis Lahey, Madison, Ill.

(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 *Robert J. Jones*

Licensed Embalmer No. *43*

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.