

FILED MAY 8 1956

STANDARD CERTIFICATE OF DEATH

State File No. 14582

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3886

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 Alton	
c. LENGTH OF STAY (in this place) 2 days		d. Is Residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mrs. Pae Hospital			
STREET ADDRESS (If rural, give location) 2456 Seminary St.			
3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Floyd c. (Last) Titchnel		4. DATE OF DEATH (Month) 4 (Day) 17 (Year) 1956	
5. SEX Male		6. COLOR OR RACE W	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 9-29-1923	
9. AGE (In years last birthday) 32		10. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CAR REPAIR		10b. KIND OF BUSINESS OR INDUSTRY ILL. TERMINAL	
11. BIRTHPLACE (City and State or Foreign Country) ILL.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME JOSEPH E. TITCHNEL		13b. MOTHER'S MAIDEN NAME LUCY F. Calome	
13c. NAME OF HUSBAND OR WIFE None		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) NO		16. SOCIAL SECURITY NO. 355-16-9938	
17. INFORMANT'S SIGNATURE OR NAME Marie Eileen Titchnel		ADDRESS 2456 Seminary	
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular Interval between onset and death several weeks	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Ch. arteriosclerosis 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 592x	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 2/27/56, 1956, to 4/17/56, 1956, that I last saw the deceased alive on 4/16, 1956, and that death occurred at 2:40 A.M., from the causes and on the date stated above.			
23a. SIGNATURE Benjamin H. Clark, M.D.		23b. ADDRESS Mrs. Pae Hospital - St. Louis	
23c. DATE SIGNED 4-17-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-20-56	
24c. NAME OF CEMETERY OR CREMATORY Upper Alton		24d. LOCATION (City, town, or county) (State) Alton Ill.	
DATE REC'D BY LOCAL REG. APR 19 1956		REGISTRAR'S SIGNATURE J. Carl Smith, M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE J. Carlson		ADDRESS Alton Ill.	

S.P. (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.....
Charon Lewis

Licensed Embalmer No. *ES*.....

P. O. Address *Altos, S*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.