IRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS AUG 27 1959

59-030909
STATE FILE NUMBER

2 7610

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

NDED

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Ill b. COUNTY Madison

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b 31 das.

c. CITY OR TOWN Highland — Inside Limits Yes ☐ No ☒

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St.Louis Children's — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) Route #2 — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Dennis Middle Allen Last Wisnasky

4. DATE OF DEATH Month Aug. Day 14 Year 59

5. SEX M

6. COLOR OR RACE W

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 8-18-57

9. AGE (last birthday) 1 yr — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY none

11. BIRTHPLACE (City and state or country) Highland, Illinois

12. CITIZEN OF WHAT COUNTRY United States

13a. FATHER'S NAME William Joseph Wisnasky

13b. MOTHER'S MAIDEN NAME Geraline Mateer

14. NAME OF HUSBAND OR WIFE single

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT Georgia Lapp — Address 500S.Kingshighway

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Respiratory arrest

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Hydrocephalus - expanding — INTERVAL BETWEEN ONSET AND DEATH 18 days

DUE TO (c) Meningitis due to Staphylococcus — 21 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 7-15-59, to 8-14-59 and last saw him alive on 8-14-59

Death occurred at 10:00 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Frederick D. Peterson M.D

22b. ADDRESS 500 S. Kingshighway

22c. DATE SIGNED 8-15-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 8/18/59

23c. NAME OF CEMETERY OR CREMATORY Salem

23d. LOCATION (City, town, or county) (State) Alhambra, Illinois

24. FUNERAL DIRECTOR John J. Kassly — ADDRESS E.St.Louis, Ill.

25. DATE RECD. BY LOCAL REG. AUG 17 '59

26. REGISTRAR'S SIGNATURE [signature] M.D. (A.T.)

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by Not Embalmed, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed John J. Kenly III

Licensed Embalmer No. 5039

P. O. Address Bellevil

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