

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS. JAN 22 1960

212195

STATE FILE NUMBER 59-046946

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SAINT LOUIS		Length of stay in 1b 5 DAYS	c. CITY OR TOWN GRANITE CITY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DEPAUL HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3900 HIGHWAY 111
a. STATE ILLINOIS		b. COUNTY MADISON	

3. NAME OF DECEASED (Type or print)	First AMELIA	Middle C.	Last BRUENE	4. DATE OF DEATH	Month 12	Day 31	Year 59
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-28-1880	9. AGE (last birthday) 79	IF UNDER 1 YEAR Months	IF UNDER 24 HR. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK	10b. KIND OF BUSINESS OR INDUSTRY AT HOME	11. BIRTHPLACE (City and state or country) NAMEOKI TWP., ILL.	12. CITIZEN OF WHAT COUNTRY U.S.
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13a. FATHER'S NAME HENRY BRUENE	13b. MOTHER'S MAIDEN NAME MINNIE BROCKMAN	14. NAME OF HUSBAND OR WIFE NONE
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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 Hilda Schroeder	2649 th E. 24TH ST. GRANITE CITY ILL
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Primary Hepatoma of Liver	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	155.0

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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from **12/26/59** to **12/31/59** and last saw her **him** alive on **12/31/59**
Death occurred at **1130 a.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Robert Potashnick M.D.	22b. ADDRESS 3720 Washington	22c. DATE SIGNED 1/2/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 12-31-1959	23c. NAME OF CEMETERY OR CREMATORY SUNSET HILL CEMETERY	23d. LOCATION (City, town, or county) EDWARDSVILLE, ILL.
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24. FUNERAL DIRECTOR Frank Mercer	ADDRESS GRANITE CITY, ILLINOIS	25. DATE RECD. BY LOCAL REG. JAN 2 - 1960	26. REGISTRAR'S SIGNATURE Coal Smith, M.D.
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

(H.T.)

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 _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Charles E. Me

Licensed Embalmer No. 2988

P. O. Address Granite

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.