URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS JUN 9 1960

60-020808

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5586

ENDED

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE ILLINOIS b. COUNTY ST. CLAIR

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS — Length of stay in 1b 7 wks

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

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cardinal Glennon Memorial — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) Sugarloaf Township — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Middle Last: JANET ELAINE CROOK

4. DATE OF DEATH Month Day Year: May 29, 1960

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 18 Oct 1959

9. AGE (last birthday) — IF UNDER 1 YEAR: Months 7 Days 11 — IF UNDER 24 HR: Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY: -------

11. BIRTHPLACE (City and state or country): Centreville, ILLINOIS

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Howard CROOK

13b. MOTHER'S MAIDEN NAME: Peggy PATTERSON

14. NAME OF HUSBAND OR WIFE: -------

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: Howard Crook — Address RFD #1 E. St. Louis, Illinois

MEDICAL CERTIFICATION

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

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Bronchopneumonia

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

DUE TO (b) Brain Stem tumor -

DUE TO (c) 193.0

INTERVAL BETWEEN ONSET AND DEATH

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 4-2-60, to 5-29-60 and last saw her/him alive on 5-29-60 2:15 PM.

Death occurred at 2:15 PM. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Dr. Walker / C. Connor, M.D.

22b. ADDRESS: 1465 So Grand (4)

22c. DATE SIGNED: 5-29-60

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE: May 31, 1960

23c. NAME OF CEMETERY OR CREMATORY: Liberty Cemetery

23d. LOCATION (City, town, or county) (State): Gatewood, Missouri

24. FUNERAL DIRECTOR: Harold A. Dashner — ADDRESS: Dupo, Illinois

25. DATE RECD. BY LOCAL REG.: MAY 31 1960

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

Quoted, malignant

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_____ Signed Harold Washner

Signature of Student Embalmer

Licensed Embalmer No. 4621

P. O. Address Dupo, Illinois

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