

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-021694

FILED VS MAY 20 1960 318 Primary Registration District No. 1003 Registrar's No. 5216 STATE FILE NUMBER

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 2 hrs		c. CITY OR TOWN Lovejoy		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Peoples Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (if outside, give location) 400 Rear Canal		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First EARLE Middle Last WILLIAMS				4. DATE OF DEATH Month May Day 13 Year 1960					
5. SEX Male		6. COLOR OR RACE Negro		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 6/1/1905		9. AGE (last birthday) 54 yrs	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed Laborer		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (City and state or country) Wheeling, W. Va.		12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME James Williams			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Allean Williams			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War II		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Andrew Harris, 403 Short St, Lovejoy, Ill.				Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Diabetic Acidosis								INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs	
"Conditions, if any, which gave rise to above cause (a), stating the underlying cause last." DUE TO (b) UN CONTROLLED Diabetic Acidosis								2 Wk.	
DUE TO (c) 260+									
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 type="checkbox"/> No <input type="checkbox"/> Unknown			
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.)					
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		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	
21. I attended the deceased from FEB. 60 to 13-MAY 60 and last saw her/him alive on 13-MAY 60 Death occurred at 3A on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) G. Lewis Kirby, Jr. M.D.				22b. ADDRESS 4635 Eastern Ave, St. Louis, Mo.				22c. DATE SIGNED 7 MAY 1960	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5/18/60		23c. NAME OF CEMETERY OR CREMATORY National		23d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.			
24. FUNERAL DIRECTOR Marshall Funeral Home-E. St. Louis, Ill.				25. DATE RECD. BY LOCAL REG. MAY 17 1960		26. REGISTRAR'S SIGNATURE Carl Smith, M.D.			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 *Thomas Marshall*

Licensed Embalmer No. 4479

P. O. Address 2205 Missouri
East 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.