

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6936 STATE FILE NUMBER

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 <b>St. Louis</b>		Length of stay in 1b <b>4 Hrs.</b>	c. CITY OR TOWN <b>Collinsville, Ill.</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Barnes Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Not Known</b>
		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print)	First <b>DONALD</b>	Middle <b>E.</b>	Last <b>DUEKER</b>	4. DATE OF DEATH	Month <b>July</b>	Day <b>9,</b>	Year <b>1960</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>4/4/32</b>	9. AGE (last birthday) <b>28</b>	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) <b>Attendant</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Gas Station</b>	11. BIRTHPLACE (City and state or country) <b>Centralia, Ill.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Clarence W. Dueker</b>	13b. MOTHER'S MAIDEN NAME <b>Anna Spracht</b>	14. NAME OF HUSBAND OR WIFE <b>Divorced.</b>
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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] <b>Yes U.S. Navy</b>	16. SOCIAL SECURITY NO. <b>344 26 2360</b>	17. INFORMANT <b>Lawrence Dueker, 1417 Patterson Centralia, Ill.</b>
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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) <b>Hemorrhage caused by ruptured spleen, filling entire abdomen and part of left chest, pleural cavity; suffered</b>		
DUE TO (b) <b>in auto accident on By-Pass Highway #60 at Chain of Rocks Bridge (Madison County, Illinois), about 1:10A.M</b>		
DUE TO (c) <b>July 9th, 1960. CAUSE AND MANNER OF SAME COULD</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>NOT BE DETERMINED. OPEN VERDICT 8254 33</b>		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.) <b>See Above</b>
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20c. TIME OF INJURY Hour <b>1:10</b> a.m. <b>7-9-60</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>On Highway</b>	20f. CITY, TOWN, OR LOCATION <b>Madison County, Illinois</b>	COUNTY	STATE
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21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at **2:45 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Patrick J. Taylor</i>	(Degree or title)	22b. ADDRESS <b>Boas Clark</b>	22c. DATE SIGNED <b>7-11-60</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>7/11/60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Hillcrest Memorial</b>	23d. LOCATION (City, town, or county) (State) <b>Marion Co., Illinois</b>
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24. FUNERAL DIRECTOR <b>McLaughlin, 2301 Lafayette, (4) St. Louis, Missouri.</b>	25. DATE RECD. BY LOCAL REG. <b>JUL 11 1960</b>	26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>
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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

*James R. Chap*

Licensed Embalmer No. 455

P. O. Address H. J. Co

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