

FURTHER DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

XC-16 198 223 SL 24162 1003 11551 =60-044191
 Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **11551** STATE FILE NUMBER

FILED VS DEC 7 1960

1. PLACE OF DEATH a. COUNTY St Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY FAYETTE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N. GRAND, ST. LOUIS, MO.		Length of stay in lb 35 days	c. CITY OR TOWN BROWNSTOWN
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET. ADM. HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) RR #1
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First FREDERICK Middle Last SELL			4. DATE OF DEATH Month NOVEMBER Day 30 Year 1960		
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5. SEX MALE	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 10/21/94	9. AGE (last birthday) 66	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) FAYETTE CO., ILL.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME FRED SELL	13b. MOTHER'S MAIDEN NAME CAROLINE ZERTLER	14. NAME OF HUSBAND OR WIFE -----
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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) YES WW-1	16. SOCIAL SECURITY NO. 332-20-6172	17. INFORMANT Daisey Hott, RR#1, Brownstown, Ill.	Address
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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: IMMEDIATE CAUSE (a) CARCINOMA OF THE PROSTATE WITH RETROPERITONEAL EXTENSION		INTERVAL BETWEEN ONSET AND DEATH MONTHS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c) 177X	

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
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) VA	20f. CITY, TOWN, OR LOCATION VA	COUNTY	STATE
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21. I attended the deceased from **10/26/60** to **11/30/60** and last saw him alive on **11/30/60**
 Death occurred at **6:30 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John Dillion	(Degree or title) M.D.	22b. ADDRESS VAH, ST. LOUIS, MO.	22c. DATE SIGNED 11/30/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 12-1-60	23c. NAME OF CEMETERY OR CREMATORY Griffith Cem.	23d. LOCATION (City, town, or county) (State) Brownstown Ill, now
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24. FUNERAL DIRECTOR CLAGGETT	ADDRESS Brownstown	25. DATE RECD. BY LOCAL REG. DEC 1 1960	26. REGISTRAR'S SIGNATURE Paul Smith M.D.
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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
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Frank Proff

Licensed Embalmer No. 43

P. O. Address St Louis

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