URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

D VS DEC 2 1 1960

MENDED

-60-047399

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12035

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Louis — Length of stay in 1b: 5 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Lukes — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Illinois b. COUNTY Madison
c. CITY OR TOWN Alton — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 2808 Grand View — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Lloyd Middle A. Last Cundall
4. DATE OF DEATH: Month Dec Day 15 Year 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 12-11-04
9. AGE (last birthday): 56
IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Run Rider
10b. KIND OF BUSINESS OR INDUSTRY: Illinois Glass
11. BIRTHPLACE (City and state or country): Springfield Illinois
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: John Cundall
13b. MOTHER'S MAIDEN NAME: Myrtle Davenport
14. NAME OF HUSBAND OR WIFE: Mildred Cundall
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.: 327-07-8484
17. INFORMANT: Mildred Cundall Address: 2808 Grand View

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) Hodgkins Disease — INTERVAL BETWEEN ONSET AND DEATH: 1 year
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 201x
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 March 1960, to Dec 15, 1960 and last saw ~~her~~ him alive on Dec 14, 1960
Death occurred at 2:45 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): John B. Shapleigh M.D.
22b. ADDRESS: 3720 Washington St. Louis Mo
22c. DATE SIGNED: 12/15/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 12-14-60
23c. NAME OF CEMETERY OR CREMATORY: Valhalla Memorial Park
23d. LOCATION (City, town, or county) (State): Godfrey, Illinois

24. FUNERAL DIRECTOR: Gent Funeral Home ADDRESS: Alton Ill.
25. DATE RECD. BY LOCAL REG.: DEC 15 1960
26. REGISTRAR'S SIGNATURE: Noal Smith M.D.

DOCUMENT

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 NOT embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed James J Brandone

Licensed Embalmer No. 7586

P. O. Address Alton I

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