# SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

SL-18835 XC-15847388

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1663 STATE FILE NUMBER 61-006413

AMENDED

FILED VS FEB 28 1961

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

DOCUMENT | BY AFFIDAVIT OF

**1. PLACE OF DEATH**

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS, MISSOURI — Length of stay in 1b: 32 DAYS

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: VAH, 915 NO. GRAND AVE. — Inside Limits: Yes [X] No [ ]

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)

a. STATE: ILLINOIS b. COUNTY

c. CITY OR TOWN: OLIVE BRANCH — Inside Limits: Yes [X] No [ ]

d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First ALBERT Middle E. Last DAIN

4. DATE OF DEATH: Month 2 Day 17 Year 61

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]

8. DATE OF BIRTH: 5/13/21

9. AGE (last birthday): 39

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): MECHANIC

10b. KIND OF BUSINESS OR INDUSTRY:

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

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: LLOYD DAIN

13b. MOTHER'S MAIDEN NAME: GEORGIANNA REED

14. NAME OF HUSBAND OR WIFE: SUE DAIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WW-II & KOREAN

16. SOCIAL SECURITY NO.: — - —

17. INFORMANT: SUE DAIN (WIDOW) SEE #2 Address

**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): CRANIOPHARYNGIOMA

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

DUE TO (b): PULMONARY EDEMA

DUE TO (c): 224x

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 [X] 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 1/16/61, to 2/17/61 and last saw him alive on 2/17/61

Death occurred at 11:25 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): WALTER R. GOLDWARB Goldwarb M.D.

22b. ADDRESS: VAH, ST. LOUIS, MO.

22c. DATE SIGNED: 2/17/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 2/18/61

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county) (State): Cairo, Illinois

24. FUNERAL DIRECTOR: John [illegible]

ADDRESS: E. St. Louis, Ill.

25. DATE RECD. BY LOCAL REG.: FEB 18 1961

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

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Not Embalmed, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Joseph J. Hardy

Licensed Embalmer No. 7541

P. O. Address E. 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.