

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5365

FILED JUN 16 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>Madison</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Length of stay in 1b <u>7 hours</u>	c. CITY OR TOWN <u>Madison</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Jewish Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS <u>1121 Reynolds St.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>JULIA</u> Middle <u>PRUSAK</u> Last <u>PRUSAK</u>			4. DATE OF DEATH Month <u>6</u> Day <u>5</u> Year <u>61</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-22-88</u>	9. AGE (last birthday) <u>73</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (City and state or country) <u>Poland</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Michael Rams</u>		13b. MOTHER'S MAIDEN NAME <u>Maryana Marczyk</u>		14. NAME OF HUSBAND OR WIFE <u>Stanley</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO.		17. INFORMANT <u>1121 Address Reynolds Madison, Ill.</u> <u>Adam Prusak</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u> DUE TO (b) <u>Atherosclerotic Heart Disease</u> DUE TO (c) <u>420.0</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>6-9-61</u>					INTERVAL BETWEEN ONSET AND DEATH <u>16 hours</u> <u>8 years</u>
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.)			20c. TIME OF INJURY Hour <u>7:00</u> a.m. <u>0</u> p.m. <u>0</u>		
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 <u>Madison</u> STATE <u>Ill.</u>	
21. I attended the deceased from <u>Apr. 1950</u> to <u>June 5, 1961</u> and last saw her ^{her} alive on <u>June 5, 1961</u> Death occurred at <u>7:00 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			22a. SIGNATURE (Degree or title) <u>D. U. Glaschery M.D.</u>		
22b. ADDRESS <u>1641 South Kings Highway</u>			22c. DATE SIGNED <u>6/8/61</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		23b. DATE <u>6-9-61</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill</u>	
23d. LOCATION (City, town, or county) <u>Madison County Ill.</u>		23e. STATE <u>Ill.</u>		23f. DATE RECD. BY LOCAL REG. <u>JUN 8 1961</u>	
24. FUNERAL DIRECTOR <u>John L. Sedlack</u> ADDRESS <u>Madison, Ill.</u>			25. REGISTRAR'S SIGNATURE <u>Loan Smith, M.D.</u>		

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

*Blount
45 to Ohio*

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 _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

John T. Sedack

Licensed Embalmer No. 3747

P. O. Address Madison, Ill

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.