

FILED DEC 4 1943

Registration District No. 317

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Wallerden
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Vincent's Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo. 15 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Randolph
(c) City or town Bladen
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MRS. EVA HORNER

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widow

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec 20 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 11 9 _____ hr. _____ min.

9. Birthplace Waltonville, Illinois _____
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business own home

MOTHER FATHER
12. Name John W. Hicks
13. Birthplace Unknown _____
(City, town, or county) (State or foreign country)
14. Maiden name Corinna Phelps
15. Birthplace Unknown _____
(City, town, or county) (State or foreign country)

16. (a) Informant Elova Horner
(b) Address Bladen Ill

17. (a) Burial (b) Date thereof Dec 1 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bladen, Ill.

18. (a) Signature of funeral director Robert Shredler
(b) Address Bladen Ill

19. NOV 30 1943 (Date received local registrar) (b) E. G. Mc Gowan, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 29
year 1943 hour 12:40 minutes P. M.

21. I hereby certify that I attended the deceased from October 14 1943 to November 29 1943
that I last saw her alive on November 29 1943
and that death occurred on the date and hour stated above

Immediate cause of death Cerebral thrombosis
diabetic coma
diabetic gangrene

Due to _____
Due to Cerebral thrombosis
diabetic mellitus

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(If Means of injury)

23. Signature W. B. J. Taylor (M. D. or other)
Address St. Vincent's Date signed 11-29-43

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

Oscar L. Schull....., Registered Apprentice No. *1751*
working under my personal supervision.

Signed..... *Oscar L. Schull*.....

Licensed Embalmer No. *1751*.....

P. O. Address..... *Wester Del*.....

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 this body is not embalmed, fact should be so stated above.