

FILED DEC 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42411

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10762

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY St. Clair	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Caseyville	
c. LENGTH OF STAY (in this place) 6 weeks		d. STREET ADDRESS N.R. (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) P. c. (Last) Dent			4. DATE OF DEATH Dec. 12, 1949 (Month) (Day) (Year)		
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5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH October 28, 1880		9. AGE (In years last birthday) 69		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
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10a. USUAL OCCUPATION (What kind of work done during most of working life, even if retired) Retired Car Ins.			10b. KIND OF BUSINESS OR INDUSTRY Cottonbelt R.R.			11. BIRTHPLACE (State or foreign country) Wetaug Illinois			12. CITIZEN OF WHAT COUNTRY?		
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13a. FATHER'S NAME William Dent			13b. MOTHER'S MAIDEN NAME Martha Dry			14. NAME OF HUSBAND OR WIFE Mona Dent		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. Spanish American		17. INFORMANT'S SIGNATURE OR NAME Helen P. Haysault				ADDRESS St. Louis, Ill.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH 14 months	
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Bronchogenic Carcinoma (left upper lobe)							
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
		DUE TO (b) _____ DUE TO (c) _____							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE home (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) H-7 (COUNTY) (STATE)			
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21d. TIME OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 162X			
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22. I hereby certify that I attended the deceased from Oct 28, 1948, to Dec. 12, 1949, that I last saw the deceased alive on Dec. 12, 1949, and that death occurred at 9:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE Miriam Lizzett (Degree or title) M.D.		23b. ADDRESS 3720 Wudington Blvd. St. Louis		23c. DATE SIGNED 12/13/49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12-13-49		24c. NAME OF CEMETERY OR CREMATORY Mt. Hope		24d. LOCATION (City, town, or county) Belleville Illinois (State)	
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DATE REC'D BY LOCAL REG. DEC 14 1949		REGISTRAR'S SIGNATURE J. B. Laster		25. FUNERAL DIRECTOR'S SIGNATURE E. St. Louis ADDRESS			
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WRITE PLAINLY—USING 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 _____

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 3162

P. O. Address E. St. Louis, Mo.

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.