

FILED MAY 10 1950

## STANDARD CERTIFICATE OF DEATH

14460

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3909**

|  |  |   |   |
|--|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY _____   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Illinois</b><br>b. COUNTY _____  |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>St. Louis, Missouri</b>   |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>E. St. Louis</b>   |   |
| c. LENGTH OF STAY (In this place)<br><b>20 days</b>  |  | d. STREET ADDRESS (If rural, give location)<br><b>1632 N. 25th St.</b>  |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>BARNES HOSPITAL</b>  |  |   |   |
| 3. NAME OF DECEASED<br>(Type or Print) <b>John</b> a. (First) <b>T.</b> b. (Middle) <b>Deatherage</b> c. (Last)  |  |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>April 28, 1950</b>                          |
| 5. SEX <b>Male</b>   | 6. COLOR OR RACE <b>white</b>              | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>never married</b>  | 8. DATE OF BIRTH<br><b>Oct 4, 1924</b>  |
| 9. AGE (In years last birthday) <b>25</b>  | IF UNDER 1 YEAR<br>Months _____ Days _____ | IF UNDER 1 YEAR<br>Hours _____ Min. _____   |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Machine Operator</b>   |  | 10b. KIND OF BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (State or foreign country)<br><b>East St. Louis, Ill</b>                 |
| 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A</b>   |  |   |   |
| 13a. FATHER'S NAME<br><b>Peter Deatherage</b>  |  | 13b. MOTHER'S MAIDEN NAME<br><b>Mary Foran</b>  | 14. NAME OF HUSBAND OR WIFE   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>Yes</b>   |  | 16. SOCIAL SECURITY NO.<br><b>W W #2</b>  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Mary Deatherage East St. Louis, Ill</b> |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>                               |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Lower nephron nephrosis</b><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |   |
|  |  | II. OTHER SIGNIFICANT CONDITIONS<br>Peritonitis, chemical due to duodenal ulcer<br>Conditions contributing to the death but not related to the disease or condition causing death.  |   |
| 19a. DATE OF OPERATION<br><b>4/18/50</b>   |  | 19b. MAJOR FINDINGS OF OPERATION<br><b>Duodenal ulcer and cholecystitis</b>   | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>     |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)   |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)<br><b>591X</b>                          |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)  |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  | 21f. HOW DID INJURY OCCUR?  |
| 22. I hereby certify that I attended the deceased from <b>April 8, 1950</b> , to <b>April 28, 1950</b> , that I last saw the deceased alive on <b>April 28, 1950</b> , and that death occurred at <b>12: noon.</b> , from the causes and on the date stated above. |  |   |   |
| 23a. SIGNATURE<br><b>JR Pralle</b>   |  | (Degree or title) <b>MD.</b>  | 23b. ADDRESS<br><b>BARNES HOSPITAL</b>  |
| 23c. DATE SIGNED<br><b>4/28/50</b>   |  |   |   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>  |  | 24b. DATE<br><b>Apr. 28, 1950</b>   | 24c. NAME OF CEMETERY OR CREMATORY<br><b>East St. Louis, Ill</b>                        |
| 24d. LOCATION (City, town, or county) (State)<br><b>East St. Louis, Ill</b>  |  |   |   |
| DATE REC'D BY LOCAL REG.<br><b>APR 29 1950</b>   |  | REGISTRAR'S SIGNATURE<br><b>J B Lacater</b>   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>Chas M. Gube East St. Louis, Ill</b>     |

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*Charles M. Buebe*

Signed.....  
Student Embalmer

Licensed Embalmer No. *2421*

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