

FILED NOV 3 1950

STANDARD CERTIFICATE OF DEATH

35337

State File No.

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 8987	
1. PLACE OF DEATH a. COUNTY -----				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY Madison			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 8 Wks.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wood River Township.		8120	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital				d. STREET ADDRESS (If rural, give location) 2823 Residence St.			
3. NAME OF DECEASED (Type or Print)		a. (First) Mary		b. (Middle) Ophelia		c. (Last) Sims	
4. DATE OF DEATH (Month) (Day) (Year) Oct. 19 1950		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Mar. 21, 1904		9. AGE (In years last birthday) 46		10. IF UNDER 1 YEAR Months Days		11. IF UNDER 14 HRS. Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Rockbridge, Illinois	
12. CITIZEN OF WHAT COUNTRY? USA				13a. FATHER'S NAME Fred Secor			
13b. MOTHER'S MAIDEN NAME Mabel Johnson				14. NAME OF HUSBAND OR WIFE Eugene Sims			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME X Eugene Sims		ADDRESS Alton, Ill.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain Tumor - unresected INTERVAL BETWEEN ONSET AND DEATH 7 mos. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION 10/19/50		19b. MAJOR FINDINGS OF OPERATION Diagnosis intra cranial pressure				20. AUTOPSY? YES <input 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 237X			
22. I hereby certify that I attended the deceased from 10/7 , 19 50 , to 10/19 , 19 50 that I last saw the deceased alive on 10/19 , 19 50 , and that death occurred at 7-10 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Edmund A. Andrew M.D.				23b. ADDRESS Edmund A. Andrew M.D. 10/23/50		23c. DATE SIGNED 10/23/50	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Oct. 23, 1950		24c. NAME OF CEMETERY OR CREMATOR Upper Alton Cemetery		24d. LOCATION (City, town, or county) (State) Alton, Illinois	
DATE REC'D BY LOCAL REG. OCT 23 1950		REGISTRAR'S SIGNATURE J. B. Sasata		25. FUNERAL DIRECTOR'S SIGNATURE Robert H. Streaper		ADDRESS Alton, Illinois	

(Licensed Embalmer's Statement on Reverse Side)

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~~

working under my personal supervision.

Student Embalmer No.....

Signed.....

Robert H. Stregger

Signed.....
Student Embalmer

Licensed Embalmer No. *2474*

P. O. Address *Alton, 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 this body is not embalmed, fact should be so stated above.