

STANDARD CERTIFICATE OF DEATH

State File No. **32182**

FILED SEP 28 1951

BIRTH NO. _____ REG. DIST. NO. **307** PRIMARY REG. DIST. NO. **6076** Registrar's No. **3237**

1. PLACE OF DEATH a. COUNTY St. Louis		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) MANCHESTER		c. CITY (If outside corporate limits, write RURAL and give township) EAST ST LOUIS ILL	
c. LENGTH OF STAY (In this place) 2 YRS		d. STREET ADDRESS (If rural, give location) 2646 RT CLAIR	
3. FULL NAME OF HOSPITAL OR INSTITUTION Manchester Nursing Home			

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM		b. (Middle) S.		c. (Last) Laudermilk		4. DATE OF DEATH (Month) (Day) (Year) Sept. 23, 1951	
5. SEX Male	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 4		8. DATE OF BIRTH OCT 4 1867		9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months Days Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) WASHINGTON INDI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME JAMES LAUDERMILK		13b. MOTHER'S MAIDEN NAME NOT KNOWN		14. NAME OF HUSBAND OR WIFE SARAH LAUDERMILK	
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 E. ST. ADDRESS LEO LAUDERMILK ILL. LOUIS	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chr. Myocarditis		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Genl arteriosclerosis		DUE TO (c) Lt. hemiplegia			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 352X					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)		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 **July, 1949**, to **Sept 23, 1951**, that I last saw the deceased alive on **Sept 21, 1951**, and that death occurred at **7:50 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE E. St. Senny		(Degree or title) M.D.		23b. ADDRESS Creve Coeur Mo		23c. DATE SIGNED 9-24-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE SEPT 26 51		24c. NAME OF CEMETERY OR CREMATORY EAST ST LOUIS ILL		24d. LOCATION (City, town, or county) (State) E. ST. LOUIS, ILL.	
DATE REC'D BY LOCAL REG. 9-24-51		REGISTRAR'S SIGNATURE Hubert P. Donke		25. FUNERAL DIRECTOR'S SIGNATURE Michael Burke		ADDRESS East St. Louis	

(Licensed Embalmer's Statement on Reverse Side)

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

40704

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 _____

Chas. J. Burke

Signed
Student Embalmer

Licensed Embalmer No. 2421

P. O. Address East St. Louis, 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.