

THE DIVISION OF HEALTH OF ILLINOIS
STANDARD CERTIFICATE OF DEATH

State File No. 134
REGISTRAR'S No. 134

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 6051

1. PLACE OF DEATH a. COUNTY ST. CHARLES		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give town) ST. CHARLES RURAL		c. CITY (If outside corporate limits, write RURAL and give township) CARMI	
c. LENGTH OF STAY (In this place) 13 DAYS		d. STREET ADDRESS (If rural, give location) ROUTE 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION EVANGELICAL EMMANUS HOME			

3. NAME OF DECEASED (Type or Print) a. (First) SABINA b. (Middle) _____ c. (Last) PETER			4. DATE OF DEATH (Month) (Day) (Year) JULY 2 1952		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
8. DATE OF BIRTH FEB. 2, 1875		9. AGE (In years last birthday) 77		10. KIND OF BUSINESS OR INDUSTRY HOUSEWORK	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK			11. BIRTHPLACE (State or foreign country) ILLINOIS		12. CITIZEN OF WHAT COUNTRY? UNITED STATES

13a. FATHER'S NAME JOHN H. MILLER		13b. MOTHER'S MAIDEN NAME SOPHIE HAUK		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) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Joseph Steuk, ST. CHARLES, MO.	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uræmia			INTERVAL BETWEEN ONSET AND DEATH 2 days
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Interstitial nephritis			5 yrs
		DUE TO (c) Gen. Arterio sclerosis			10 yrs.
		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 446X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 1st, 1952**, to **July 2nd, 1952**, that I last saw the deceased alive on **July 1st, 1952** and that death occurred at **4:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree of title) Dr. Erich Schulz, M.D.		23b. ADDRESS St. Charles Mo.		23c. DATE SIGNED 7/3/52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 3 1952		24c. NAME OF CEMETERY OR CREMATORY Carmi Cemetery		24d. LOCATION (City, town, or county) (State) Carmi Ill	
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DATE REC'D BY LOCAL REG. July 2 52		REGISTRAR'S SIGNATURE Hannie Hammett		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wickmann - Bane St. Charles Mo	
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(Licensed Embalmer's Statement on Reverse Side)

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

AUG 7 1974

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 *Arthur C. Lane* _____

Licensed Embalmer No. *2151* _____

P. O. Address *W. Va. 26101* _____

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.