

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40864

State File No. 10720
Registrar's No. 10720

DEC 12 1952

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE b. COUNTY	
b. CITY OR TOWN St. Louis, Mo.		Illinois Madison	
c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Granite City	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		d. STREET ADDRESS 2944 Washington Avenue	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Chris	b. (Middle) NMM	c. (Last) Willaredt	(Month) 11	(Day) 20	(Year) 52
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH March 15, 1899		9. AGE (in years last birthday) 53
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic		10b. KIND OF BUSINESS OR INDUSTRY Brewer Motor	11. BIRTHPLACE (City and State or Foreign Country) Emery, South Dakota		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Gottlieb Willaredt	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Clara Willaredt
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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. 333-03-4815	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Clara Willaredt 2944 Washington Avenue Granite City, Ill.
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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) <u>Interventricular Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) <u>Subacute Leukemia? Monocytic</u>		
	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 (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? 2042

22. I hereby certify that I attended the deceased from 11/12/52, 1952, to 11/20, 1952, that I last saw the deceased alive on 11/20, 1952, and that death occurred at 4:00A m., from the causes and on the date stated above.

23a. SIGNATURE <i>J. Vermillion, M.D.</i>	(Degree or title) M. D.	23b. ADDRESS BARNES HOSPITAL	23c. DATE SIGNED 11/20/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Nov. 20, 1952	24c. NAME OF CEMETERY OR CREMATORY St. Johns Cemetery	24d. LOCATION (City, town, or county) (State) Granite City, Illinois

DATE REC'D BY LOCAL REG. NOV 21 1952	REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <i>Frank Mercer Granite City Ill</i>
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(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Charles E Mercer

Licensed Embalmer No.

2988

P. O. Address

Granite City

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.