

STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 1 - 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4721**

1. PLACE OF DEATH a. COUNTY		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 township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wakefield	
		d. STREET ADDRESS (If rural, give location) rural route	
3. NAME OF DECEASED (Type or Print) a. (First) BONNIE b. (Middle) BELLE c. (Last) WEBER		4. DATE OF DEATH (Month) (Day) (Year) 5 / 7 53	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 11-16-1902
9. AGE (In years; last birthday) 50		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework	11. BIRTHPLACE (City and State or Foreign Country) Lawrence Ill.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework		10b. KIND OF BUSINESS OR INDUSTRY at home	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME George R. Piper		13b. MOTHER'S MAIDEN NAME Carrie Taylor	14. NAME OF HUSBAND OR WIFE Oscar Weber
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 Oscar Weber, Wakefield, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ADENOCARCINOMA OF THE CERVIX INTERVAL BETWEEN ONSET AND DEATH 2 years ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	
19a. DATE OF OPERATION		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ATELECTASIS CARDIAC DECOMPENSATION	
19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 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)	
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 171X	
22. I hereby certify that I attended the deceased from 4/24 , 19 53 , to 5/7/53 , 19 53 , that I last saw the deceased alive on 5/7 , 19 53 , and that death occurred at 3:05 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE H. Pralle		23b. ADDRESS BARNES HOSPITAL	23c. DATE SIGNED 5/7/53
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 5-8-53	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Newton, Ill.
DATE REC'D BY LOCAL REG. MAY 9 - 1953	REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Parker F.H. Newton, Ill.	

G. O. (Increased 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

J. Allen Davis
Licensed Embalmer No. *40530*

P. O. Address *St. Louis Mo.*

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.