

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **20282**

FILED MAY 28 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1429

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>St. Clair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carsonville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>East St. Louis</u> <u>8120</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Penn's Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>1208 College Ave.</u> <u>8</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Emma</u> b. (Middle) _____ c. (Last) <u>Chuse</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 22, 1953</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u> <u>2</u>	
8. DATE OF BIRTH <u>Oct. 19, 1880</u>		9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 12 HRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Caseyville, Illinois</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Samuel Kneisley</u>		13b. MOTHER'S MAIDEN NAME <u>W.M.K. Snadden</u>		14. NAME OF HUSBAND OR WIFE <u>Glem Chuse</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Urban E. Chuse</u> <u>1428 743 St.</u>	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION			
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease</u>			
		INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>			
		ANTECEDENT CAUSES			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b) _____			
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS			
		Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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?	

22. I hereby certify that I attended the deceased from April 20, 1953, to May 22, 1953, that I last saw the deceased alive on May 22, 1953, and that death occurred at 11:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Lewis Littmann MD</u> (Degree or title)		23b. ADDRESS <u>8231 Clayton Rd (17)</u>		23c. DATE SIGNED <u>5/23/53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>May 23, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Caseyville Cem.</u>	
				24d. LOCATION (City, town, or county) (State) <u>Caseyville, Ill.</u>	

DATE REC'D BY LOCAL REG. <u>5-23-53</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Dorn</u>		25. GENERAL DIRECTOR'S SIGNATURE <u>M. D. ...</u>	
				ADDRESS <u>St. Louis, Mo.</u>	

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 Me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Ben. H. Baldwin

Licensed Embalmer No. 2470

P. O. Address W. Main St.

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.