

FILED OCT 15 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32992
Registrar's No. 9127

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Madison	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis, Missouri) c. LENGTH OF STAY (In this place) 2 Days		c. CITY OR TOWN Alton d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Lou's City Hospital		e. STREET ADDRESS (If rural, give location) 901 East 6th St. 81208	

3. NAME OF DECEASED (Type or Print) RICHARD	a. (First)	b. (Middle)	c. (Last) CAREY	4. DATE OF DEATH (Month) (Day) (Year) SEPTEMBER 19, 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan, 2, 1885.	9. AGE (In years last birthday) 68.	10. UNDER 1 YEAR Months	11. UNDER 1 HR. Hours	12. MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Girard Ill.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Carey	13b. MOTHER'S MAIDEN NAME Hannan Connelly	14. NAME OF HUSBAND OR WIFE Della Carey.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, no, or unknown) No.	16. SOCIAL SECURITY NO. NII	17. INFORMANT'S SIGNATURE OR NAME 335-16-3685B Della Carey	ADDRESS Alton, 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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident		INTERVAL BETWEEN ONSET AND DEATH
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
	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	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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 331X
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22. I hereby certify that I attended the deceased from 9-17-53, 19, to 9-19-53, 19, that I last saw the deceased alive on 9-19-53, 19, and that death occurred at 12:15A m., from the causes and on the date stated above.

22a. SIGNATURE Richard J. Jones (Degree or title)	23b. ADDRESS 1515 Lafayette Avenue	23c. DATE SIGNED 9-19-53.
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 9-20-53	24c. NAME OF CEMETERY OR CREMATORY Local	24d. LOCATION (City, town, or county) (State) Alton Ill.
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DATE REC'D BY LOCAL REG. SEP 21 1953	REGISTRAR'S SIGNATURE J. Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE Staten Funeral Home	ADDRESS Alton, Ill.
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(Licensed 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.....
Signature of Student Embalmer

Signed.....
Louis A. Bonino

Licensed Embalmer No. *895*

P. O. Address *Accon, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.