

FILED SEP 24 1953

STANDARD CERTIFICATE OF DEATH

33043

State File No.

318

1003

Registrar's No. 7998

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 Illinois COUNTY St. Clair	
b. CITY (If outside corporate limits, write RURAL and give town or town St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR Belleville	
d. FULL NAME OF HOSPITAL OR INSTITUTION Park Lane Hospital		d. STREET ADDRESS (If rural, give location) St. Vincent's Home	

3. NAME OF DECEASED (Type or Print)	a. (First) Ernest	b. (Middle) L	c. (Last) Coombs	4. DATE OF DEATH (Month) (Day) (Year) Aug. 15, 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH about Jan. 15, 1862	9. AGE (In years last birthday) about 91	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY R. R. Watchman	11. BIRTHPLACE (State or foreign country) Hannibal, Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME not known	13b. MOTHER'S MAIDEN NAME not known	14. NAME OF HUSBAND OR WIFE Mary Carlin
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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. none	17. INFORMANT'S SIGNATURE OR NAME Chas. M. Burke	ADDRESS East St. Louis, 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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Micarditis, Arteriosclerosis		
	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 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) 422.1
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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
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22. I hereby certify that I attended the deceased from June 8, 1953 to August 15, 1953, that I last saw the deceased alive on Aug. 15, 1953, and that death occurred at 10:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS 4930 Lindell Blvd. St. Louis	23c. DATE SIGNED 8-15-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 1953	24c. NAME OF CEMETERY OR CREMATORY Holy Cross	24d. LOCATION (City, town, or county) (State) St. Clair Co., Ill.
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DATE REC'D BY LOCAL REG. AUG 17 1953	REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Chas. M. Burke	ADDRESS East St. Louis, 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Chas M. Burke

Signed.....

Student Embalmer

Licensed Embalmer No. *2421*

P. O. Address *East St Louis*

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.