

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 10 1953

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State File No. 41200
Registrar's No. 11476

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>ILL.</u> b. COUNTY <u>MADISON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>5 days</u>		c. CITY OR TOWN <u>Granite City</u>		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 <u>Barnes Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>2715 State St. 8120</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Dimple</u> b. (Middle) <u>Alberta</u> c. (Last) <u>Southwick</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>December 3 1953</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug. 23-1879</u>		9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months <u>7</u>	IF UNDER 12 HRS. Days <u>7</u>
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>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Alfred Garnore</u>		13b. MOTHER'S MAIDEN NAME <u>Beatrice Smith</u>		14. NAME OF HUSBAND OR WIFE <u>Edward Southwick</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Susan P. Jones Granite City, Ill.</u>			
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>Postoperative-Glioblastoma</u> ANTECEDENT CAUSES Morbidity 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.					INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>
19a. DATE OF OPERATION <u>12-2-53</u>		19b. MAJOR FINDINGS OF OPERATION <u>Glioblastoma</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>193x</u>			
22. I hereby certify that I attended the deceased from <u>11-30</u> , 19 <u>53</u> , to <u>12-3</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>12-3</u> , 19 <u>53</u> , and that death occurred at <u>9:20 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>James S. Michael M.D.</u>				23b. ADDRESS <u>600 So. Kingshighway St. Louis, Missouri</u>		23c. DATE SIGNED <u>12-3-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>12-7-53</u>	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>Granite City, Illinois</u>		
DATE REC'D BY LOCAL REG. <u>DEC 4 1953</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>W. Dennis & Sons Granite City, Ill.</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, Student Embalmer No. working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.