No. 300
10.48

FILED APR 29 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13802

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3542

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (In this place) 6 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Jewish Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Illinois
b. COUNTY
c. CITY OR TOWN Madison
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) 8120 8

3. NAME OF DECEASED (Type or Print) a. (First) IKE b. (Middle) c. (Last) MEDLEY
4. DATE OF DEATH (Month) (Day) (Year) 4-17-54
5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH 2-24-1889
9. AGE (In years last birthday) 65 | If under 1 year: Months Days | If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) foreman
10b. KIND OF BUSINESS OR INDUSTRY General Steel
11. BIRTHPLACE (City and State or Foreign Country) Marshfield, Mo.
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Nathan Medley
13b. MOTHER'S MAIDEN NAME Elizabeth Bingaman
14. NAME OF HUSBAND OR WIFE Emma Medley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 333-01-9480
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Emma Medley, Madison, Ill.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of lung — INTERVAL BETWEEN ONSET AND DEATH: 6 months

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.* Carcinoma of sigmoid — ?

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

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) 163 X (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-31, 1953, *to* 4-17, 1954, *that I last saw the deceased alive on* 5-16, 1954 *and that death occurred at* 5:25 a *m., from the causes and on the date stated above.*

23a. SIGNATURE M. Norman Orgel (Degree or title) M.D.
23b. ADDRESS 508 North Grand Ave
23c. DATE SIGNED 4/19/54

24a. BURIAL, CREMATION, REMOVAL (Specify) removal
24b. DATE 4-18-54
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State) Madison, Ill.

DATE REC'D BY LOCAL REG. APR 20 1954
REGISTRAR'S SIGNATURE J. Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Lahey, Madison, Ill.
(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 29 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed J. Allen Davis

Licensed Embalmer No. 40

P. O. Address St. L

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.