

FILED JUL 26 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24868**  
Registrar's No. **6210**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Illinois</b> b. COUNTY <b>St. Clair</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>East St. Louis, Ill.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>East of Rutger Street</b>		d. STREET ADDRESS (If rural, give location) <b>2923 Brady Ave.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>BEN</b> b. (Middle) <b>O.</b> c. (Last) <b>LOLOCK</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>6-24-54</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>	8. DATE OF BIRTH <b>3-14-1885</b>	9. AGE (In years last birthday) <b>69</b>	IF UNDER 1 YEAR Months   Days	IF UNDER 24 HRS. Hours   Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Janitor</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Aluminum Ore Co.</b>	11. BIRTHPLACE (State or foreign country) <b>Russia</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>unknown</b>	13b. MOTHER'S MAIDEN NAME <b>unknown</b>	14. NAME OF HUSBAND OR WIFE
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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) <b>no</b>	16. SOCIAL SECURITY NO. <b>329108940</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Sedlack Bros. E.S. Louis, Ill</b>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Suffocation due to drowning</b>	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Cause and Manner of same</b>	

ANTECEDENT CAUSES  
Morbidity conditions, if any, giving rise to the above cause (a), stating the underlying cause last.  
**suffered when deceased was confined in Mississippi River at the foot of Rutger Street about June 24 1954.**

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>could not be determined open Verdict</b>	19c. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT, SUICIDE, OR HOMICIDE (Specify) <b>Verdict</b>	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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>E9298</b>
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **1153A**, from the causes and on the date stated above. **42**

23a. SIGNATURE (Degree or title) <b>Samuel P. Taylor</b>	23b. ADDRESS <b>1300 Clark Ave.</b>	23c. DATE SIGNED <b>7/9/54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>7-9-1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Hope</b>	24d. LOCATION (City, town, or county) (State) <b>Belleville, Ill.</b>
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DATE REC'D BY LOCAL REG. <b>JUL 9 1954</b>	REGISTRAR'S SIGNATURE <b>Paul Smith MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Sedlack Bros. E. St. Louis, Ill.</b>
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(Licensed Embalmer's Statement on Reverse Side)

**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 \_\_\_\_\_

*Not Embalmed*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Sedlack Bros*  
*Anthony D Sedlack*

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