

FILED OCT 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35540**
Registrar's No. **8708**

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 township) OR TOWN St. Louis, Mo.	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN Granite City	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL (If not in hospital or institution, give street address or location)		f. STREET ADDRESS (If rural, give location) 2110 Lee Avenue	

3. NAME OF DECEASED (Type or Print) a. (First) Emmett b. (Middle) H. c. (Last) Joiner	4. DATE OF DEATH (Month) (Day) (Year) Sept. 23, 1954							
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 7, 1905	9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Heater	10b. KIND OF BUSINESS OR INDUSTRY G.C. Steel Co.	11. BIRTHPLACE (City and State or Foreign Country) Roaring Springs, Kentucky	12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME Emmett Joiner	13b. MOTHER'S MAIDEN NAME Mattie Pryor	14. NAME OF HUSBAND OR WIFE Avis Joiner
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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. 333-03-4029	17. INFORMANT'S SIGNATURE OR NAME Avis Joiner	ADDRESS 3110 Lee Ave. Granite City, Ill.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lymphosarcoma		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 yrs.
	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.		

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 (Specify) SUICIDE HOMICIDE	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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 2001
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22. I hereby certify that I attended the deceased from **Sept. 14, 1954**, to **Sept. 23, 1954**, that I last saw the deceased alive on **Sept. 24, 1953**, and that death occurred at **8:10A.M.**, from the causes and on the date stated above.

23a. SIGNATURE C. J. Verillion, M.D.	23b. ADDRESS BARNES HOSPITAL	23c. DATE SIGNED 9/23/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Sept. 23, '54	24c. NAME OF CEMETERY OR CREMATORY St. Johns	24d. LOCATION (City, town, or county) (State) Granite City, Illinois
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DATE REC'D BY LOCAL REG. SEP 24 1954	REGISTRAR'S SIGNATURE Charles Smith	25. FUNERAL DIRECTOR'S SIGNATURE Frank Mercer	ADDRESS Granite City, 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 *Charles E. Maxwell*

Licensed Embalmer No. *298*

P. O. Address *Granite*

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.