

STANDARD CERTIFICATE OF DEATH

State File No.

8891

FILED OCT 26 1954

BIRTH NO. REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** 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>Illinois</u> b. COUNTY <u>Madison</u>							
d. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>1 week</u>		c. CITY OR TOWN <u>Rural-Wood River Township</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jewish Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>R. R. #1, Bethalto</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>David</u>			b. (Middle) <u>Randolph</u>		c. (Last) <u>Starkey</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sep 27 1954</u>				
5. SEX <u>M</u>		6. COLOR OR RACE <u>Wh</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>21 Feb 1921</u>		9. AGE (In years last birthday) Months Days <u>33</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Olgin Industries</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>David Starkey</u>			13b. MOTHER'S MAIDEN NAME <u>Grace Hudson</u>			14. NAME OF HUSBAND OR WIFE <u>Frances Fitzgerald Starkey</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>		(If yes, give war or dates of service) <u>World War II</u>		16. SOCIAL SECURITY NO. <u>357-10-9759</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. David Starkey</u>			ADDRESS		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Brain tumor malignant, Rt. parietal</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 months</u>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				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 <u>Sept 22</u>		19b. MAJOR FINDINGS OF OPERATION <u>Brain tumor rt. parietal</u>						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)		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>Sept 22</u> , 19 <u>54</u> , to <u>Sept 27</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Sept 27</u> , 19 <u>54</u> , and that death occurred at <u>11:45 P.M.</u> , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <u>George P. Hawthorn, Jr. M.D.</u>				23b. ADDRESS <u>607 N Grand St. Louis Mo</u>				23c. DATE SIGNED <u>Sept 29, 54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1 Oct 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Woodland Hills</u>		24d. LOCATION (City, town, or county) (State) <u>Wood River, Illinois</u>					
DATE REC'D BY LOCAL REG. <u>SEP 30 1954</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>O. Derrell Smith</u>				ADDRESS <u>2532 Edwards</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

