

FILED JAN 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43650**
Registrar's No. **12008**

BIRTH NO.		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No. 12008	
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois, b. COUNTY Jersey		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Jerseyville	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 St. Luke's Hospital			STREET ADDRESS (If rural, give location) 706 Arch St. <i>8120g</i>		
3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Lewis c. (Last) Head			4. DATE OF DEATH (Month) (Day) (Year) Dec. 31, 1954		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 9, 1886	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR: Months Days
10a. USUAL OCCUPATION (Give kind of work or business in most of working life, even if retired) Carpenter	10b. KIND OF BUSINESS OR INDUSTRY Construction	11. BIRTHPLACE (City and State or Foreign Country) Jerseyville, Illinois,		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME George Head		13b. MOTHER'S MAIDEN NAME Emma Lewis		14. NAME OF HUSBAND OR WIFE Alice S. Head	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. 527-01-4328	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Alice S. Head, Jerseyville, Illinois		
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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Brain tumor verified ANTECEDENT CAUSES Glioblastoma, multiform Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Re temporal lobe. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 193X		INTERVAL BETWEEN ONSET AND DEATH 1 year
19a. DATE OF OPERATION Dec 21, 1954	19b. MAJOR FINDINGS OF OPERATION Infiltrating tumor Re temporal lobe, Brain			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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Dec 18, 1954 , to Dec 21, 1954 , that I last saw the deceased alive on Dec 31, 1954 , and that death occurred at 9:06p m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Thorp E. Roscher M.D.			23b. ADDRESS 3720 Washington Ave St Louis		23c. DATE SIGNED Jan 1-3-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 1-1-55	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	24d. LOCATION (City, town, or county) (State) Jerseyville, Illinois,		
DATE REC'D BY LOCAL REG. JAN 3 1955		REGISTRAR'S SIGNATURE J. Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.		

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..... *Paul A. Wachter*

Licensed Embalmer No. *478*

P. O. Address *H. L. ...*

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.