

FILED APR 28 1955

CENTRAL DISTRICT OF ILLINOIS

State File No.

125881  
35941

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. LENGTH OF STAY (In this place)	a. STATE <b>Ill</b> b. COUNTY <b>St. Clair</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>		c. CITY OR TOWN <b>East St. Louis</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
		e. STREET ADDRESS (If rural, give location) <b>1519 No. 53rd St.</b>	<b>8/28</b> <b>8</b>

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) <b>William</b>	b. (Middle) <b>C.</b>	c. (Last) <b>Landiss</b>	(Month) (Day) (Year) <b>April 21, 1955</b>
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>Dec. 23 1888</b>
9. AGE (In years last birthday) <b>66</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Carrollton Ill</b>
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME <b>Issac Landiss</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Clark</b>	14. NAME OF HUSBAND OR WIFE <b>Martha J. Landiss</b>
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>332-01-6308</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Martha Landiss</b>

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		INTERVAL BETWEEN ONSET AND DEATH <b>5 mo.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of the Right Lung (Primary Site)</b>		
	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"/>
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? <b>162x</b>

22. I hereby certify that I attended the deceased from April 11, 1955, to April 21, 1955, that I last saw the deceased alive on April 21, 1955, and that death occurred at 12:00Pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Thomas L. Wright M. D.</b>	23b. ADDRESS <b>BARNES HOSPITAL</b>	23c. DATE SIGNED <b>4/21/55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>4-22-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Memorial Pk</b>	24d. LOCATION (City, town, or county) (State) <b>Godfrey Ill</b>
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DATE REC'D BY LOCAL REG. <b>APR 22 1955</b>	REGISTRAR'S SIGNATURE <b>J. Charles Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Ralph Gent Alton Ill</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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... *Albert Mayfield* .....

Licensed Embalmer No. *307* .....

P. O. Address *St Louis* .....

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.