

FILED DEC 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38206

Registrar's No. 10609

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 10609			
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 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				e. STREET ADDRESS (If rural, give location) 719-28TH PLACE					
3. NAME OF DECEASED (Type or Print) a. (First) Eugene			b. (Middle) Homer		c. (Last) Ely		4. DATE OF DEATH (Month) (Day) (Year) Dec. 2 1955		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH OCT. 1, 1909		9. AGE (In years last birthday) 46	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BUS OPERATOR		10b. KIND OF BUSINESS OR INDUSTRY COMM. COACH CO.		11. BIRTHPLACE (City and State or Foreign Country) GRANITE CITY, ILL.			12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME CHARLES ELY			13b. MOTHER'S MAIDEN NAME GERTRUDE SLINER			14. NAME OF HUSBAND OR WIFE MILDRED ELY			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY (If yes, give war or dates of service) 333-03-2964		17. INFORMANT'S SIGNATURE OR NAME Mildred Ely				ADDRESS 719-28th pl.	
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.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of left lung (primary site)				INTERVAL BETWEEN ONSET AND DEATH 3-4 yrs	
				ANTECEDENT CAUSES 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 162x						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) _____		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 Nov. 28, 1955 , to Dec. 2, 1955 , that I last saw the deceased alive on Dec. 2, 1955 , and that death occurred at 7:28P m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) C. J. Vanillein, M.D.				23b. ADDRESS BARNES HOSPITAL				23c. DATE SIGNED 12/3/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE DEC. 3, 1955		24c. NAME OF CEMETERY OR CREMATORY SUNSET HILL		24d. LOCATION (City, town, or county) (State) EDWARDSVILLE, ILLINOIS			
DATE REC'D BY LOCAL REG. DEC 5 1955		REGISTRAR'S SIGNATURE J. Carl Smith, M.D.			25. FUNERAL DIRECTOR'S SIGNATURE Frank Mercer				
					ADDRESS Granite City				

(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 Mercer*

Licensed Embalmer No. *298*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.