

FILED APR 2 - 1956

## STANDARD CERTIFICATE OF DEATH

State File No. ....

BIRTH NO. ....

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 2800

2800

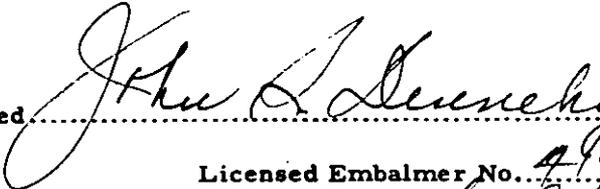
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois		b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Ava	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		d. Is Residence within limits of a city (incorporated town)? Yes <input type="checkbox"/> No <input type="checkbox"/>		e. STREET ADDRESS (If rural, give location) 812 <sup>th</sup> 8	
3. NAME OF DECEASED (Type or Print) a. (First) Cora			b. (Middle) L.		
c. (Last) Luthy			4. DATE OF DEATH (Month) (Day) (Year) March 16, 1956		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Oct. 8, 1888		9. AGE (In years last birthday) 67		10. IF UNDER 1 YEAR Months Days	
11. IF UNDER 24 HRS. Hours Min.		12. CITIZEN OF WHAT COUNTRY? U.S.		13. BIRTHPLACE (City and State or Foreign Country) Ava, Ill.	
14. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		15. KIND OF BUSINESS OR INDUSTRY At Home		16. NAME OF HUSBAND OR WIFE Simon Luthy	
17. FATHER'S NAME Phillip Keller		18. MOTHER'S MAIDEN NAME Susan Carr		19. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
20. SOCIAL SECURITY NO. Unknown		21. INFORMANT'S SIGNATURE OR NAME Simon Luthy, Ava, Ill.		22. ADDRESS	
19. 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, asthma, etc. It means the disease, injury, or complication which caused death.</i>					
MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Peritonitis					
ANTECEDENT CAUSES					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Perforation of sigmoid colon					
DUE TO (c) Radium for recurrent carcinoma of endometrium					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			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) (Min.)		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 March 16, 1956, to March 19, 1956, that I last saw the deceased alive on March 19, 1956, and that death occurred at 12:50 AM., from the causes and on the date stated above.					
23a. SIGNATURE C. P. Vermillion, M.D.		(Degree or title) M. D.		23b. ADDRESS BARNES HOSPITAL	
23c. DATE SIGNED 3/19/56		24a. BURIAL, CREMATION, REMOVAL Removal		24b. DATE 3-19-56	
24c. NAME OF CEMETERY OR CREMATORY Evergreen Cemetery		24d. LOCATION (City, town, or county) Ava, Ill.		(State)	
DATE REC'D BY LOCAL REG. MAR 19 1956		REGISTRAR'S SIGNATURE Albert H. Hoppe		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.	

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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.....  


Licensed Embalmer No. 49

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.