

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3930**

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) St. Louis		c. LENGTH OF STAY (in this place) 2 DAYS	
d. FULL NAME OF HOSPITAL OR INSTITUTION Dr. Pac. Hosp.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		STREET ADDRESS (If rural, give location) 11101	

3. NAME OF DECEASED a. (First) Timothy b. (Middle) Francis c. (Last) Dunworth			4. DATE OF DEATH (Month) (Day) (Year) April 19, 1956		
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
8. DATE OF BIRTH JAN. 5, 1895			9. AGE (In years, months, days, hours, min.) 61		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) SWITCHMAN TERMINAL
11. BIRTHPLACE (City and State or Foreign Country) CHICAGO, ILL			12. CITIZEN OF WHAT COUNTRY? U.S.		

13a. FATHER'S NAME JOHN DUNWORTH		13b. MOTHER'S MAIDEN NAME ELLEN M-AULIFFE		14. NAME OF HUSBAND OR WIFE CRYSTAL	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) YES W-W-I		16. SOCIAL SECURITY NO. YES		17. INFORMANT'S SIGNATURE OR NAME James Dunworth Ethowin	

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) Acute Pancreatitis		INTERVAL BETWEEN ONSET AND DEATH few hours	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Generalized Peritonitis	
		DUE TO (c) Perforated Duodenal Ulcer		" "	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		576X	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 5411		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 **April 18, 1956** to **April 19, 1956**, that I last saw the deceased alive on **April 18, 1956**, and that death occurred at **10:40 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Bennett H. Clark, M.D.		23b. ADDRESS Dr. Pac. Hospital - St. Louis		23c. DATE SIGNED 20-4-56	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 4-23-56		24c. NAME OF CEMETERY OR CREMATORY VAL HALLA		24d. LOCATION (City, town, or county) (State) BELLEVILLE ILL	
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DATE REC'D BY LOCAL REG. APR 20 1956		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE Mo-Nell Walsh Barnes		ADDRESS St. Louis, Ill	
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(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 not embalmed, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Phillip Ogden

Licensed Embalmer No 29-7

P. O. Address Ed House

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.