

FILED JUN 29 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22175**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5739**

1. PLACE OF DEATH
a. COUNTY **MO - Pacific Hospital**
b. CITY OR TOWN **St. Louis** c. LENGTH OF STAY (in this place) **2 days**
d. FULL NAME OF HOSPITAL OR INSTITUTION **MO Pacific Hospt ASS.**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Illinois** b. COUNTY **St Clair**
c. CITY OR TOWN **Dupo** d. Is Residence within limits of a city or incorporated town? Yes No
e. STREET ADDRESS **911 Columbia Road 4128** (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) **Katie** b. (Middle) **Lee** c. (Last) **URKE**
4. DATE OF DEATH (Month) (Day) (Year) **Jun 14 1956**

5. SEX **Female** 6. COLOR OR RACE **white** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH **Sept 27, 1896** 9. AGE (In years last birthday) **59**
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **house w.** 10b. KIND OF BUSINESS OR INDUSTRY **Am. home**

11. BIRTHPLACE (City and State or Foreign Country) **Columbia Tennessee** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **John Jones** 13b. MOTHER'S MAIDEN NAME **Sally Little** 14. NAME OF HUSBAND OR WIFE **Joseph Urke**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No** 16. SOCIAL SECURITY NO. **None** 17. INFORMANT'S SIGNATURE OR NAME **Joe Urke** ADDRESS **Dupo, Illinois**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Myocardial Infarction**
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Coronary Artery Disease**
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **Arterial Hypertension**
20. AUTOPSY? YES NO
INTERVAL BETWEEN ONSET AND DEATH **2 days**
Several years
Several years

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____
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) **420-1** (COUNTY) _____ (STATE) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **Jun 13, 1956**, to **Jun 14, 1956**, that I last saw the deceased alive on **Jun 14, 1956**, and that death occurred at **11:25 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE **Clement J. Sullivan, M.D.** (Degree or title) 23b. ADDRESS **No. Pac. Emp. Hosp. Assn.** 23c. DATE SIGNED **6-15-56**
24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **6/18/56** 24c. NAME OF CEMETERY OR CREMATORY **Mount CARMEL** 24d. LOCATION (City, town, or county) (State) **Belleville Illinois**

DATE REC'D BY LOCAL REG. **JUN 16 1956** REGISTRAR'S SIGNATURE **J. Earl Smith, M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE **Paul ...** ADDRESS **Dupo**
(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.....
David M. Paulson

Licensed Embalmer No. *462*

P. O. Address *Dyer, Ill.*

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.