No. 300
10-48

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

FILED JUL 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25104

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5921

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: ST. LOUIS
c. LENGTH OF STAY (In this place): 7hr. 25min
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. LOUIS CHILDREN'S HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: ILLINOIS
b. COUNTY: MADISON Co.
c. CITY OR TOWN: GRANITE CITY
d. Is Residence within limits of a city or incorporated town? Yes ☑ No ☐
e. STREET ADDRESS (If rural, give location): 4101 RIDGEDALE 8120 8

3. NAME OF DECEASED (Type or Print)
a. (First): DARREL
b. (Middle): WAYNE
c. (Last): LOTT

4. DATE OF DEATH (Month) (Day) (Year): 6-21-56

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: 10-9-52
9. AGE (In years last birthday): 3 — IF UNDER 1 YEAR: Months ___ Days ___ — IF UNDER 24 HRS.: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and State or Foreign Country): GRANITE CITY, ILL.
12. CITIZEN OF WHAT COUNTRY?: AMER.
13a. FATHER'S NAME: CHARLES HERMAN LOTT
13b. MOTHER'S MAIDEN NAME: EDITH
14. NAME OF HUSBAND OR WIFE: —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: B. BRITTON
ADDRESS: 500 So. KINGSHIGHWAY

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain Damage — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last.*
DUE TO (b) Cardiac Arrest during
DUE TO (c) Surgery

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Pulmonary Edema

19a. DATE OF OPERATION: 6-21-56
19b. MAJOR FINDINGS OF OPERATION: Bilat. Int. Strabismus. 384X
20. AUTOPSY? YES ☑ NO ☐
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) m.:
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* 6-21-56, 19___, *to* 6-21-56, 19___, *that I last saw the deceased alive on* 6-21-56, 19___, *and that death occurred at* 10:30 *p.m., from the causes and on the date stated above.*

23a. SIGNATURE: Teresa J. Diehl (Degree or title) MD
23b. ADDRESS: Childrens Hospital
23c. DATE SIGNED: JUN 22 1956

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 6-21-1956
24c. NAME OF CEMETERY OR CREMATORY: SUNSET HILL
24d. LOCATION (City, town, or county) (State): EDWARDSVILLE, ILLINOIS

DATE REC'D BY LOCAL REG.: JUN 22 1956
REGISTRAR'S SIGNATURE: J. Carl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Frank Mercer
ADDRESS: Granite City Ill
(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Charles Mercer

Licensed Embalmer No. 2988

P. O. Address Granite Ci

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