

FILED JUN 14 1957

STANDARD CERTIFICATE OF DEATH

State File No. **18977**  
Registrar's No. **5302**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Illinois</b> b. COUNTY <b>Madison</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. CITY OR TOWN <b>Granite City</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>2 Weeks</b>		e. STREET ADDRESS (If rural, give location) <b>32 2031 Delmar Ave. 8120 8</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Park Lane Memorial Hospo</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b> b. (Middle) <b>M.</b> c. (Last) <b>Lodwig</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 4, 1957</b>	
5. SEX <input type="radio"/> Male <input type="radio"/> Female	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov. 22, 1874</b>
9. AGE (In years last birthday) Months Days Hours Mins. <b>82</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Wales</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>State License Inspo</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
10b. KIND OF BUSINESS OR INDUSTRY <b>State of Ill.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	

13a. FATHER'S NAME <b>Unknown</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Hannah Lodwig</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No None</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Hannah Lodwig</b>	ADDRESS <b>2031 Delmar Granite City</b>
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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		19. DATE BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b>		
	ANTECEDENT CAUSES Hypertension Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b> DUE TO (c) <b>Cirrhosis of liver</b>		
II. OTHER SIGNIFICANT CONDITIONS abdominal ascites Conditions contributing to the death but not related to the disease or condition causing death. <b>abdominal ascites</b>			

19a. DATE OF OPERATION <b>None</b>	19b. MAJOR FINDINGS OF OPERATION <b>None</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>None</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Granite City Madison Ill</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>None</b>	21e. INJURY OCCURRED WHILE WORKING? <input type="checkbox"/> NOT WHILE WORKING <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>None</b>

22. I hereby certify that I attended the deceased from **Feb 10, 1957** to **6-26, 1957**, that I last saw the deceased alive on **6-4, 1957**, and that death occurred at **10:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>M. J. Hermann</b>	(Degree or title)	23b. ADDRESS <b>St. Louis</b>	23c. DATE SIGNED <b>6-6-57</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>June 8, 1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Sun Set Hill</b>	24d. LOCATION (City, town, or county) (State) <b>Edwardsville, Ill.</b>
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DATE REC'D BY LOCAL REG. <b>JUN 6 1957</b>	REGISTRAR'S SIGNATURE <b>Carl Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. J. ...</b>
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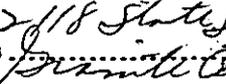
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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  .....

Licensed Embalmer No. 777  
2118 State  
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.