

FILED AUG 26 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH29926
STATE FILE NO. 7468

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY MACOUPIN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		c. CITY OR TOWN BUNKER HILL	
c. FULL NAME OF (If not in hospital registration) HOSPITAL OR INSTITUTION VET. ADM. HOSPITAL		d. STREET ADDRESS	
Length of stay in 1b 60 DAYS		(If outside, give location) 312 ⁰ 8	
35		32	

3. NAME OF DECEASED (Type or print) First Middle Last ROY READER			4. DATE OF DEATH Month Day Year 8-9-57		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 5-27-93	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COAL MINER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) PETERSON IOWA	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME RICE READER			14. MOTHER'S MAIDEN NAME LUCY HEADDINGTON		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT VA HOSP. RECORDS 1915 N GRAND ST LOUIS MO.		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ASPIRATION OF BLOOD				INTERVAL BETWEEN ONSET AND DEATH UNKNOWN
DUE TO (b) SQUAMOUS CELL CARCINOMA OF THE LUNG				UNKNOWN
DUE TO (c) - - - - - 163XA				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PULMONARY TUBERCULOSIS ←				19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> NONE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.				
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 6-10-57 to 8-9-57 and last saw him alive on 8-9-57		Death occurred at 12:55 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (of informant)		22b. ADDRESS M. D. VAH. ST. LOUIS, MISSOURI.	
		22c. DATE SIGNED 8-9-57	

23a. BURIAL, CREMATION OR REMOVAL (Specify)		23b. DATE 8-9-57		23c. NAME OF CEMETERY OR CREMATORY KAS. M. D. Local		23d. LOCATION (City, town, or county) (State) Bunker Hill, Ill	
24. FUNERAL DIRECTOR ADDRESS ALBERT H. HOPFE 4700 WASHINGTON			25. DATE RECD. BY LOCAL REG. AUG 10 57		26. REGISTRAR'S SIGNATURE J. Earl Smith md		

(Licensed Embalmer's Statement on Reverse Side)

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Robert M. Murr*.....

Licensed Embalmer No. *3749*

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.