Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-027193
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6966

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY SAINT CLAIR
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N.GRAND,ST.LOUIS, MO. Inside Limits Yes [X] No [ ]	c. CITY OR TOWN BELLEVILLE 8120 4 Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 35 VET. ADM. HOSPITAL Length of stay in 1b 11 days	d. STREET ADDRESS (If outside, give location) 32 1221 FREEBURG AVE. Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First RALPH Middle Last MC CARKEL

4. DATE OF DEATH Month JULY Day 12 Year 1958

5. SEX MALE 0

6. COLOR OR RACE WHITE

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH 11/25/86

9. AGE (In years last birthday) 71 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) BREWERY WORKER

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) ST. LOUIS, MO. 0

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME PATRICK MC CARKEL

13b. MOTHER'S MAIDEN NAME LOUISE STEUVER

14. NAME OF HUSBAND OR WIFE ELIZABETH MC CARKEL

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW-1

16. SOCIAL SECURITY NO. 328-03-5480

17. INFORMANT Address VA HOSP. RECORDS, ST. LOUIS, MO.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) CORONARY INFARCTION

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE WITH CONGESTIVE FAILURE

DUE TO (c) DIABETES MELLITIS

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 260X

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. VA attended the deceased from 7/1/58, to 7/12/58 and last saw him alive on 7/12/58

Death occurred at 12:25 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Harvey Liebhaber (Degree or title) M.D. O HARVEY LIEHABER

22b. ADDRESS VAH, ST. LOUIS, MO.

22c. DATE SIGNED 7/12/58

23a. BURIAL, CREMATION, REMOVAL (Specify) removal

23b. DATE 7-13-58

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county) (State) Belleville, Illinois

24. FUNERAL DIRECTOR ADDRESS Gaerdner, Belleville, Ill.

25. DATE RECD. BY LOCAL REG. JUL 14 '58

26. REGISTRAR'S SIGNATURE Carl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

Doctor, Coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 Florence M. Billo

Licensed Embalmer No. 4375

P. O. Address St. Louis, Mo.

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.