

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037731

STATE FILE NUMBER

9349

FILED OCT 17 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

300
1-57

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>St. Clair</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS, MISSOURI</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>East St. Louis</u> <u>812</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u>		Length of stay in 1b <u>1 month</u>	d. STREET ADDRESS (If outside, give location) <u>32 931 South 11th Street</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>ALFRED</u> Middle <u>RICHARD</u> Last <u>DINWIDDIE</u>			4. DATE OF DEATH Month <u>SEPTEMBER</u> Day <u>25</u> Year <u>1958</u>			
5. SEX <u>Male</u> <u>2</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 12, 1899</u>		9. AGE (In years last birthday) <u>59</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Monsanto Chemical Henry County, Tenn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		
13a. FATHER'S NAME <u>James Dinwiddie</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Anderson</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT <u>Effie Jones</u> Address <u>711 McCampbell St., Paris, Tennessee</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>HEMORRHAGE OF INTERNAL CAROTID ARTERY</u> DUE TO (b) <u>CARCINOMA OF TONGUE</u> DUE TO (c) <u>141.9</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>POST-IRRADIATION EFFECTS</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 YEARS</u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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 <u>AUG. 15, 1958</u> to <u>SEPT. 25, 1958</u> and last saw her alive on <u>SEPT. 25, 1958</u> Death occurred at <u>6:20 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <u>C. S. Vermillion, M. D.</u> (Degree or title)			22b. ADDRESS <u>BARNES HOSPITAL</u>		22c. DATE SIGNED <u>9/26/58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>9/26/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Sunset Garden of Memory</u>		23d. LOCATION (City, town, or country) (State) <u>Stookey Township, Illinois</u>	
24. FUNERAL DIRECTOR <u>Monsanto Office</u>		ADDRESS <u>2114 Mo. Ave., E. St. Louis, Ill.</u>		25. DATE RECD. BY LOCAL REG. <u>SEP 29 58</u>	26. REGISTRAR'S SIGNATURE <u>Carl Smith mo</u> <u>mjb</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

EMERALD STATE COLLEGE

DEPARTMENT OF HEALTH

STATE OF CALIFORNIA

DEPARTMENT OF HEALTH

EMERALD STATE COLLEGE

DEPARTMENT OF HEALTH

EMERALD STATE COLLEGE DEPARTMENT OF HEALTH

STATEMENT BY LICENSED EMBALMER

X

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 *Frank Prokoff*

Licensed Embalmer No. 4356

P. O. Address *Alhambra, Ca*

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.