

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006768

STATE FILE NUMBER

FILED FEB 16 1959

Registration District No. 310

Primary Registration District No. 3058

Registrar's No. 28

300
-57

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Madison	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR St. Charles TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN East St. Louis 8126 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph		Length of stay in lb 4 months	d. STREET ADDRESS (If outside, give location) 189 E. St. Louis Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Juanita H. Little			4. DATE OF DEATH Month Day Year Feb. 9, 1959			
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 31, 1918	9. AGE (In years last birthday) 40	IF UNDER 1 YEAR Months 8 Days 9	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Inspector	10b. KIND OF BUSINESS OR INDUSTRY Olin Mathelson	11. BIRTHPLACE (City and state or country) Galatia, Ill.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Melvin	13b. MOTHER'S MAIDEN NAME Flora Gregory	14. NAME OF HUSBAND OR WIFE Otis Little
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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) NO	16. SOCIAL SECURITY NO. 348-16-5663	17. INFORMANT Address Mr. Otis Little, East St. Louis, Ill
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Heart asphyx from portal vein into common duct and fistula eroded into aort.</i> DUE TO (b) <i>Caused? possible injury 7 yrs ago</i> DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <i>off c on for 7 yrs ago.</i> 96 2/8
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Sub diag Prognostic abscess Swks</i>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 333
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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
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21. I attended the deceased from Death occurred at 2 P.M. 9/27/58 to 2/19/59 and last saw her alive on 1:00 a.m.	22a. SIGNATURE (Degree or title) <i>J. L. Neubeiser M.D.</i>	22b. ADDRESS 206 Wash. St. Charles Mo.	22c. DATE SIGNED 2/10/59
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23a. BURIAL, CREMATION, REMOVAL removal	23b. DATE Feb. 13, 1959	23c. NAME OF CEMETERY OR CREMATORY Gardens Rose Lawn Memorial	23d. LOCATION (City, town, or county) (State) Bethalto, Illinois
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24. FUNERAL DIRECTOR Marks Mortuary, Wood River, Ill.	25. DATE RECD. BY LOCAL REG. Feb 10-59	26. REGISTRAR'S SIGNATURE Marcella Wilson
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

FEB 20 1959

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 *Frank R. Amalona*

Licensed Embalmer No. *839*

P. O. Address *St. Charles*

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.