

FILED MAY 15 1959

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-016261

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1293

300  
-57

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. LOUIS</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St Louis Co.</b>		c. CITY OR TOWN <b>4600. ST LOUIS, Co.</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Halls Ferry N.H.</b>		d. STREET ADDRESS <b>2115 Kappel Drive</b>	
3. NAME OF DECEASED (Type or print) First <b>CORA</b> Middle <b>R.</b> Last <b>COMPTON</b>		4. DATE OF DEATH Month <b>MAY</b> Day <b>6</b> Year <b>1959</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>3/12/1873</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	11. BIRTHPLACE (City and state or country) <b>Alhambra, Ill</b>
13a. FATHER'S NAME <b>Benjamin West</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Harris</b>	14. NAME OF HUSBAND OR WIFE <b>William (Deceased)</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT Address <b>Cliff Compton, 3116 Osceola</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral infarction (last attack)</b> DUE TO (b) <b>Arteriosclerotic Cardiovascular disease unknown</b> DUE TO (c) <b>4221</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). <b>Arteriosclerotic dementia, Previous Cerebral thrombi.</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 wk.</b>
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. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>Nov 30 1958</b> to <b>May 6, 1959</b> and last saw her alive on <b>5/4/59</b> Death occurred at <b>11:05 P.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated:			
22a. SIGNATURE <b>Lewis Lillmann MD</b>		22b. ADDRESS <b>8231 Clayton Rd (17)</b>	
22c. DATE SIGNED <b>5/8/59</b>		22d. STATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL		23b. DATE <b>5/9/1959</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Sunset Hill Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Edwardsville, Illinois</b>	
24. FUNERAL DIRECTOR <b>McLAUGHLIN'S, 2301 Lafayette Ave.</b>		25. DATE RECD. BY LOCAL REG. <b>5-9-59</b>	
26. REGISTRAR'S SIGNATURE <b>John C. Murphy M.D.</b>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *James R. Chapman* .....

Licensed Embalmer No. *4550* .....  
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.