

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-026520

FILED VS AUG 4 1959

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. **2 6890** STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS, MISSOURI</b>				Length of stay in 1b		c. CITY OR TOWN <b>Woodriver</b>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>320 E. Lorena</b>		
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH		5. AGE (last birthday)		
First Middle Last <b>MILDRED Lucille COUNCIL</b>				Month Day Year <b>JULY 22 1959</b>		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.		
6. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12/22/1915</b>	9. AGE (last birthday) <b>43</b>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Secretary</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Jacksonville, Ill.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>	
13a. FATHER'S NAME <b>E.F. Council</b>			13b. MOTHER'S MAIDEN NAME <b>Nellie DeWitt</b>			14. NAME OF HUSBAND OR WIFE <b>None</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>Unknown</b>		17. INFORMANT <b>E.F. Council, 320 E. Lorena Woodriver, Ill.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <b>GENERALIZED PERITONITIS</b>							<b>6 hrs</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>PERFORATED CARCINOMA OF STOMACH WITH GENERALIZED METASTASES</b>							<b>2 mo ?</b>	
DUE TO (c) <b>151x</b>								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		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 a.m. p.m. Month, Day, Year								
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 <b>JULY 20, 1959</b> to <b>JULY 22, 1959</b> and last saw <sup>her</sup> / <sub>him</sub> alive on <b>JULY 22, 1959</b> Death occurred at <b>2:55 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <i>Eugene M. Bricker</i> <b>M. D.</b>				22b. ADDRESS <b>BARNES HOSPITAL</b>			22c. DATE SIGNED <b>7/24/59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>7-24-59</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Roselawn Memorial Garden</b>		23d. LOCATION (City, town, or county) (State) <b>Bethalto, Ill.</b>		
24. FUNERAL DIRECTOR <b>Marks Mortuary, 633 E. Lorena Woodriver, Ill.</b>				25. DATE RECD. BY LOCAL REG. <b>JUL 24 '59</b>		26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i> <b>mdb</b>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

*Not Embalmed*  
Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to con-  
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.