

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-027088

FILED VS AUG 5 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's **2-7009** STATE FILE NUMBER

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 St. Louis		Length of stay in 1b 24 days	c. CITY OR TOWN Granite City
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Baptist Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1151 Rhodes St.

3. NAME OF DECEASED (Type or print) Wanda Lee Pyles			4. DATE OF DEATH July 28, 1959	
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 11-27-1926	9. AGE (last birthday) 32
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) seamstress		10b. KIND OF BUSINESS OR INDUSTRY men's clothing	11. BIRTHPLACE (City and state or country) Painton Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Adam Bayer		13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Leo Pyles	

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. 348-16-9245	17. INFORMANT Leo Pyles 1151 Rhodes St. C.
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Adenocarcinoma Cervix		11-13-58
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) 171X	
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 type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" 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 _____		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION 12-29-55 to 7-28-59	COUNTY Madison	STATE Illinois
21. I attended the deceased from 12-29-55 and last saw her/him alive on 7-28-59 Death occurred at 12:15 P m on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE Joseph E. Carney		22b. ADDRESS 906 Olive St		22c. DATE SIGNED 7-29-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 7-28-59	23c. NAME OF CEMETERY OR CREMATORY Sunset Hill	23d. LOCATION (City, town, or county) (State) Madison County Illinois	
24. FUNERAL DIRECTOR Thomas J. Foley		ADDRESS Madison, Illinois	25. DATE RECD. BY LOCAL REG. JUL 29 1959	26. REGISTRAR'S SIGNATURE Leon Smith, M.D.

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

m & B.

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 *Frank J. Felt*

Licensed Embalmer No. 299

P. O. Address Madison

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.