

JURISDICTION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-033583

FILED VS OCT 8 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2 8803** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY			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 TOWN St. Louis		Length of stay in 1b	c. CITY OR TOWN Granite City		Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Anthony's Hospital		Inside Limits Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location) 2204 Elm		Reside on Farm Yes ☐ No ☒
3. NAME OF DECEASED (Type or print) First Ingrid Middle Blackwell Last Blackwell			4. DATE OF DEATH Month September Day 24 Year 1959		
5. SEX Female	6. COLOR OR RACE White	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 5/24/1931	9. AGE (last birthday) 28	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and state or country) Berlin, Germany	
12. CITIZEN OF WHAT COUNTRY Germany					
13a. FATHER'S NAME Joseph Albert Benkert		13b. MOTHER'S MAIDEN NAME Ilsa Meidinger		14. NAME OF HUSBAND OR WIFE Richard	
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. None		17. INFORMANT Address Richard Blackwell, 2204 Elm - Granite City,	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Poliomyelitis Encephalitis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 080.0 DUE TO (c) _____ 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. ☐ Yes ☒ No ☐ Unknown					INTERVAL BETWEEN ONSET AND DEATH 3 days
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒		20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		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 ☐ NOT WHILE AT WORK ☐		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 Sept. 23, 1959 to Sept. 23, 1959 and last saw her alive on Sept. 23, 1959 Death occurred at 9:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Clement J. Seelhaas (Degree or title) M.D.		22b. ADDRESS 4161 Lendall St. Louis, Mo.		22c. DATE SIGNED 9-24-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 9-24-59		23c. NAME OF CEMETERY OR CREMATORY Granite City, Ill.	
24. FUNERAL DIRECTOR Albert H. Hoppe, Inc., 4700 Washington Blvd.		25. DATE RECD. BY LOCAL REG. SEP 24 '59		26. REGISTRAR'S SIGNATURE Earl Smith, M.D.	

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 me or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4108

P. O. Address _____

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.