URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

59-034285

FILED VS SEP 30 1959

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 8457

ENDED

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in 1b: one day

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Cardinal Glennon Mem. Hospital for Children — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Illinois — b. COUNTY: St. Clair

c. CITY OR TOWN: East St. Louis — Inside Limits: Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location): 312 North 67th St. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: ROBERT — Middle: D. — Last: SCHLATTWEILER

4. DATE OF DEATH: Month: Jr. — Day: September — Year: 12, 1959

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐: Never Married

8. DATE OF BIRTH: Nov. 8, 1958

9. AGE (last birthday): IF UNDER 1 YEAR: Months 10 Days 4 — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (City and state or country): East St. Louis, Ill.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Robert D. Schlattweiler

13b. MOTHER'S MAIDEN NAME: Betty Morgan

14. NAME OF HUSBAND OR WIFE: —

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: 312 North 67th St East St. Louis — Address: 312 No. 67th — Robert D. Schlattweiler

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 leukemia — INTERVAL BETWEEN ONSET AND DEATH: 5 months

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): 204.3

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

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 June 2, 1959 to September 12, 1959 and last saw him alive on September 12, 1959

Death occurred at 6:00 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): James P King M.P.

22b. ADDRESS: 1465 S. Grand Avenue

22c. DATE SIGNED: 9/12/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 9/15/59

23c. NAME OF CEMETERY OR CREMATORY: Mt. Carmel Cemetery

23d. LOCATION (City, town, or county) (State): Belleville, Ill.

24. FUNERAL DIRECTOR: Brichler Funeral Home — ADDRESS: 2218 State St. East St. Louis, Ill.

25. DATE RECD. BY LOCAL REG.: SEP 14 '59

26. REGISTRAR'S SIGNATURE: Earl Smith. M.D. M.G.B.

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Eugene Chaplain

Licensed Embalmer No. 5003

P. O. Address_____

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