

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-042501

FILED VS DEC 7 1959

210990

STATE FILE NUMBER

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

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Illinois**. COUNTY **Tazwell**

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis, Missouri** Length of stay in 1b **2 Mos. 17 Da.**

c. CITY OR TOWN **East Peoria** Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **St. Louis Children's** Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) **104 Oakdale** Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last **Edgar Wayne Sevedge**

4. DATE OF DEATH **11-25-59** Month Day Year

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced

8. DATE OF BIRTH **1-1-52** 9. AGE (last birthday) **7 1/2 Yrs.** IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **None** 10b. KIND OF BUSINESS OR INDUSTRY **None** 11. BIRTHPLACE (City and state or country) **Peoria, Illinois** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Edgar C. Sevedge** 13b. MOTHER'S MAIDEN NAME **Lucy Folk** 14. NAME OF HUSBAND OR WIFE **None**

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 **J. Mansfield** Address **500 S. Kingshighway**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Remora Inge at Base of the Brain**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Neitoplasmia with**

DUE TO (c) **Chronic Meningitis due to Neitoplasmia**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **134.2**

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 **9-8-59** to **11-25-59** and last saw him ~~live~~ on **11-25-59** Death occurred at **5:35 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Leonard Bates Rome M.D.** 22b. ADDRESS **500 S. Kingshighway** 22c. DATE SIGNED **11-25-59**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **11-27-59** 23c. NAME OF CEMETERY OR CREMATORY **Tyrone Cemetery** 23d. LOCATION (City, town, or county) (State) **Houston, Mo.**

24. FUNERAL DIRECTOR **Albert H. Hoppe, Inc., 4700 Washington Blvd.** ADDRESS 25. DATE RECD. BY LOCAL REG. **NOV 27 1959** 26. REGISTRAR'S SIGNATURE **Loan 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 Robert M. Murre

Licensed Embalmer No. 3749

P. O. Address St. Louis

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.

RE-58-11

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