

JURISDICTION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 20 1959

210464

59-042734

STATE FILE NUMBER

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

UNRECORDED

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>Madison</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Length of stay in 1b <u>4 days</u>	c. CITY OR TOWN <u>Granite City</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Jewish Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>3160 Davis</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) <u>Charles L. Wise</u>	4. DATE OF DEATH Month <u>November</u> Day <u>13</u> Year <u>1959</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>September 15, 1911</u>	9. AGE (last birthday) <u>48</u>	IF UNDER 1 YEAR Months <u>15</u> Days <u>28</u>	IF UNDER 24 HR Hours <u>?</u> Min. <u>?</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Roll Grinder</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Granite City Steel</u>	11. BIRTHPLACE (City and state or country) <u>Granite City, Illinois</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Leo Wise</u>	13b. MOTHER'S MAIDEN NAME <u>Theresa Nuanriter</u>	14. NAME OF HUSBAND OR WIFE <u>Sylvia</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W.W. 2</u>	16. SOCIAL SECURITY NO. <u>unknown</u>	17. INFORMANT <u>Sylvia Wise</u> Address _____
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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: IMMEDIATE CAUSE (a) <u>Bronchopneumonia</u> DUE TO (b) _____ DUE TO (c) <u>162.1</u>	INTERVAL BETWEEN ONSET AND DEATH
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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 type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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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 _____
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21. I attended the deceased from March 1959 to Nov 13, 1959 and last saw her/him alive on Nov 12, 1959
Death occurred at 8:30/A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Hubert L. Zimmerman</u> (Degree or title)	22b. ADDRESS <u>100 N Euclid</u>	22c. DATE SIGNED <u>Nov 13, 1959</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal to Madison, Illinois</u>	23b. DATE <u>11-16-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Madison</u>	23d. LOCATION (City, town, or county) (State) <u>Madison, Illinois</u>
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24. FUNERAL DIRECTOR <u>Francis J. Foley</u> ADDRESS <u>Madison, Illinois</u>	25. DATE RECD. BY LOCAL REG. <u>NOV 13 1959</u>	26. REGISTRAR'S SIGNATURE <u>Earl Smith, M.D.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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 *Francis J. Jones*

Licensed Embalmer No. 2792

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.