

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
FILED VS DEC 23 1959

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Registration District No. _____ Primary Registration District No. _____ Registrar's No. **211504** 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		c. CITY OR TOWN	
c. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS	

a. COUNTY: _____ b. COUNTY: **Illinois**
 c. CITY OR TOWN: **St. Louis, Mo.** d. CITY OR TOWN: **Brighton**
 e. STATE: **Illinois** f. COUNTY: **Madison**
 g. INSIDE LIMITS: Yes No
 h. INSIDE LIMITS: Yes No
 i. FULL NAME OF HOSPITAL OR INSTITUTION: **Jewish Hospital** j. STREET ADDRESS: **Rt. # 1**

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
5. SEX			6. COLOR OR RACE		
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>			8. DATE OF BIRTH		
9. AGE (last birthday)			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		
11. BIRTHPLACE (City and state or country)			12. CITIZEN OF WHAT COUNTRY		
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		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)			16. SOCIAL SECURITY NO.		
17. INFORMANT			Address		

3. NAME OF DECEASED: **William Edward Marshal** 4. DATE OF DEATH: **December 11, 1959**
 5. SEX: **Male** 6. COLOR OR RACE: **White**
 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH: **11/23/1926** 9. AGE (last birthday): **33**
 10. USUAL OCCUPATION: **Maintenance Man Laclede Steel** 11. BIRTHPLACE: **Alton, Illinois** 12. CITIZEN OF WHAT COUNTRY: **U.S.A.**
 13a. FATHER'S NAME: **William Marshal** 13b. MOTHER'S MAIDEN NAME: **Dorothy Stinger** 14. NAME OF HUSBAND OR WIFE: **Alma**
 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): **Yes W.W.#2** 16. SOCIAL SECURITY NO.: **352-20-6171**
 17. INFORMANT: **Alma Marshal, Rt. # 1 Brighton, Illinois.** Address: _____

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:		
IMMEDIATE CAUSE (a)		8 months
DUE TO (b)		
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.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 IMMEDIATE CAUSE (a): **Leukemia acute myelocytic**
 DUE TO (b): _____
 DUE TO (c): _____
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): **2043**
 PART III. If deceased was female was there a pregnancy in last 90 days: Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)
20c. TIME OF INJURY	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

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: _____
 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 _____ to _____ and last saw him alive on _____		22a. SIGNATURE (Degree or title)		22b. ADDRESS		22c. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR				25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE	

21. I attended the deceased from **June 4, 1959** to **Dec 11, 1959** and last saw him alive on **Dec 11, 1959**
 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.
 22a. SIGNATURE (Degree or title): **Donald G. Lopez M.D.** 22b. ADDRESS: **100 N. Euclid St. Alton, Mo.** 22c. DATE SIGNED: **12/11/59**
 23a. BURIAL, CREMATION, REMOVAL (Specify): **Removal** 23b. DATE: **12-12-59** 23c. NAME OF CEMETERY OR CREMATORY: **Upper Alton Cemetery** 23d. LOCATION (City, town, or county) (State): **Alton, Illinois.**
 24. FUNERAL DIRECTOR: **Smith Funeral Homes, 2521 Edwards, Alton, Ill.** 25. DATE RECD. BY LOCAL REG.: **DEC 11 1959** 26. REGISTRAR'S SIGNATURE: **S. O. Earl Smith M.D.**

DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF

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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 _____

Licensed Embalmer No. 6119

P. O. Address 205 Perrywood

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.

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