ORI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS FEB 23 1960

-60-008177
STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 1345

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: St. Louis — Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Jewish Hospital — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Illinois — b. COUNTY: Madison
c. CITY OR TOWN: Granite City — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): Kirkpatrick Apts. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: DOROTHY — Middle: SOPHIA — Last: FANNING
4. DATE OF DEATH: Month: Feb. — Day: 3 — Year: 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: Feb. 12-1910
9. AGE (last birthday): 49 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Illinois
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: William Parker
13b. MOTHER'S MAIDEN NAME: Sophia Jack
14. NAME OF HUSBAND OR WIFE: Oliver Fanning
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: ---
17. INFORMANT: Sophia Parker — Address: 2157 Benton, Granite City, Ill.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): PULMONARY INFARCT
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): MITRAL STENOSIS
DUE TO (c): 410 X
INTERVAL BETWEEN ONSET AND DEATH:
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 Jan. 26-1960, to Feb. 3-1960 and last saw her alive on Feb. 3-1960
Death occurred at 1:15 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Oliver J Biderman MD
22b. ADDRESS: Jewish Hospital
22c. DATE SIGNED: 2-11-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Feb. 5-1960
23c. NAME OF CEMETERY OR CREMATORY: Sunset Hill Cemetery
23d. LOCATION (City, town, or county) (State): Edwardsville, Ill.

24. FUNERAL DIRECTOR: David G. Hodge — ADDRESS: 2118 State St. Granite City, Ill.
25. DATE REC'D BY LOCAL REG.: FEB 5 1960
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D. E.G.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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

or by _____, Student Embalmer No._____

working under my personal supervision.

NOT EMBALMED

Student_____
Signature of Student Embalmer

Signed David B. Hodge

Licensed Embalmer No._____

P. O. Address_____

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