RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

ED VS FEB 23 1960 XC 14356013 SL 21499 2 1760 [redacted]

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____ STATE FILE NUMBER 60-008794

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS, MO.
Length of stay in 1b: 31 DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: VET ADM HOSPITAL
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: ILLINOIS b. COUNTY
c. CITY OR TOWN: HIGHLAND
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1114 WALNUT
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: DALIAS Middle: D. Last: RONAT
4. DATE OF DEATH: Month FEBRUARY Day 13 Year 1960
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8-10-15
9. AGE (last birthday): 44 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): LABORER
10b. KIND OF BUSINESS OR INDUSTRY: –
11. BIRTHPLACE (City and state or country): WHEATFIELD TYP, ILLINOIS
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: EDEME RONAT
13b. MOTHER'S MAIDEN NAME: IETA PIERSON
14. NAME OF HUSBAND OR WIFE: ———
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WWII
16. SOCIAL SECURITY NO.: 332-12-6486
17. INFORMANT: IETA RONAT, 1114 WALNUT, HIGHLAND, ILL.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): ENCEPHALITIS — INTERVAL BETWEEN ONSET AND DEATH: 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 343x
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a):
Bilateral Bronchopneumonia - Osteomyelitis right tibia
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/~~We~~ attended the deceased from 1-13-60, to 2-13-60 and last saw ~~him~~ alive on 2-13-60
Death occurred at 9:22 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: ANDREW ERITSCH (Degree or title): M.D.
22b. ADDRESS: VAH, ST. LOUIS, MO.
22c. DATE SIGNED: 2/14/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Feb. 16, 1960
23c. NAME OF CEMETERY OR CREMATORY: Beaver Creek Cemetery
23d. LOCATION (City, town, or county) (State): Bondy Co. Illinois

24. FUNERAL DIRECTOR ADDRESS: Dewey and Son Funeral Home, Greenville Ill
25. DATE RECD. BY LOCAL REG.: FEB 15 1960
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D. 2-9-13.

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed Clarence H. Murra

Signature of Student Embalmer

Licensed Embalmer No. 4011

P. O. Address St. Louis,

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.