

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-012636

FILED VS MAR 3 1 1960

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2 3331** STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS COUNTY MADISON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SAINT LOUIS	Length of stay in 1b 3 DAYS	c. CITY OR TOWN GRANITE CITY	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION CHRISTIAN HOSPITAL		d. STREET ADDRESS (If outside, give location) 2112 ST. CLAIR AVE.	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First LELA Middle GRAHAM Last GRAHAM			4. DATE OF DEATH Month 3 Day 22 Year 1960		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-25-1887	9. AGE (last birthday) 72	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK		10b. KIND OF BUSINESS OR INDUSTRY AT HOME	11. BIRTHPLACE (City and state or country) STEVENSON, ALABAMA	12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME JOSEPH PHILLIPS		13b. MOTHER'S MAIDEN NAME ANNA SMITH		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT Fred Araksa 2508 ^{address} PROPPES AVE. GRANITE CITY, ILL.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Acute Myocardial Infarction		30 seconds
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Acute Coronary Thrombosis	3 days
	DUE TO (c) Acute Viral Pneumonia	3 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) diabetes mellitus 4201		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 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 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

21. I attended the deceased from **3-19-60**, to **3-22-60** and last saw her ^{him} alive on **3-22-60**
Death occurred at **2 P** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Nicholas J. Stale, MD (Degree or title)	22b. ADDRESS 7130 National Bend Rd	22c. DATE SIGNED 3/23/60 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 3-22-1960	23c. NAME OF CEMETERY OR CREMATORY SUNSET HILL CEMETERY
24. FUNERAL DIRECTOR Frank Meyer Granite City Ill ADDRESS	25. DATE RECD. BY LOCAL REG. MAR 23 1960	26. REGISTRAR'S SIGNATURE Loan Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

221 JB

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 Charles E. Mead

Licensed Embalmer No. 2988

P. O. Address Grant Co.

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.