

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-012788

FILED VS. APR. 5 1960

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **2-3391**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY ST. CLAIR		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis,		Length of stay in 1b 4 days	c. CITY OR TOWN East St. Louis,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis, Little Rock Hospitals, Inc.,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1624 Lynch St.,		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Clarence Middle Ivy Last Jorn			4. DATE OF DEATH Month March Day 22, Year 1960		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH Dec. 15, 1902	9. AGE (last birthday) 57 yrs.	IF UNDER 1 YEAR Months 3 Days 7 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truckman		10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (City and state or country) E. St. Louis, Ill.	
12. CITIZEN OF WHAT COUNTRY U. S. A.		13a. FATHER'S NAME Frederick Jorn		13b. MOTHER'S MAIDEN NAME Mary Lutton	
14. NAME OF HUSBAND OR WIFE Ruth		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, go, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 702-16-3742	
17. INFORMANT Arthur C. Jorn - South Gate,		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinomatosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Carcinoma of the stomach DUE TO (b) 151X DUE TO (c) 		California INTERVAL BETWEEN ONSET AND DEATH 3 mo	
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		
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.)	
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 Mar. 19, 1960 to Mar. 22, 1960 and last saw ^{her} him live on Mar. 22, 1960 Death occurred at 5 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Paul E. Gesto</i> (Degree or title) M.D.		22b. ADDRESS 1755 South Grand Blvd.,		22c. DATE SIGNED 3/24/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3/25/60		23c. NAME OF CEMETERY OR CREMATORY Mount Carmel Cemetery	
23d. LOCATION (City, town, or county) Belleville, Illinois		24. FUNERAL DIRECTOR <i>Sh. [Signature]</i> E. St. Louis, Ill.		25. DATE RECD. BY LOCAL REG. MAR 25 1960	
26. REGISTRAR'S SIGNATURE <i>Paul Smith M.D.</i>					

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 _____
or by Not Embalmed _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John J. Karsky III

Licensed Embalmer No. 1111

P. O. Address 1. St. James

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