

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS APR 5 1960

60-012961

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. **2 3073**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Illinois</b> b. COUNTY <b>Madison</b>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Length of stay in 1b <b>4 Days</b>		c. CITY OR TOWN <b>East Alton</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Barnes Hospital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>642 Bowman St.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <b>Lucille</b> Middle <b>Meyer</b> Last <b>Meyer</b>				4. DATE OF DEATH Month <b>March</b> Day <b>15</b> Year <b>1960</b>									
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>7-3-1898</b>		9. AGE (last birthday) <b>61</b>		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) <b>Machine Operator</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Western Cartridge Co.</b>		11. BIRTHPLACE (City and state or country) <b>Union Town, Kentucky</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>					
13a. FATHER'S NAME <b>William Hosman</b>				13b. MOTHER'S MAIDEN NAME <b>Fannie Williams</b>				14. NAME OF HUSBAND OR WIFE <b>Logan Meyer</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>				16. SOCIAL SECURITY NO. <b>355-16-7964</b>		17. INFORMANT Address <b>Logan Meyer 642 Bowman St. E. Alton Ill.</b>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage</b> DUE TO (b) <b>Fractured Skull</b> DUE TO (c) <b>900.0 21</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										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) <b>Suffered in fall</b>										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 checked="" 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.) <b>slipped in front of car about March 12, 1960</b>									
20c. TIME OF INJURY Hour _____ Month, Day, Year <b>3 12 60</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>7th Home</b>		20f. CITY, TOWN, OR LOCATION <b>East Alton</b>		COUNTY <b>Illinois</b>		STATE			
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <b>600 P.</b> on the date stated above, and to the best of my knowledge, from the causes stated.													
22. SIGNATURE (Degree or title) <b>Joseph M. Quinn, County Coroner</b>						22b. ADDRESS <b>1300 Clark</b>			22c. DATE SIGNED <b>3-16-60</b>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>3-19-60</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Memorial Park</b>			23d. LOCATION (City, town, or county) (State) <b>Madison County Illinois</b>						
24. FUNERAL DIRECTOR <b>Smith Funeral Home</b>				ADDRESS <b>2521 Edwards St. Alton, Illinois</b>		25. DATE RECD. BY LOCAL REG. <b>MAR 16 1960</b>		26. REGISTRAR'S SIGNATURE <b>Roan Smith, M.D.</b>					

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 \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Lawrence E. Cutforth

Licensed Embalmer No. 5538

P. O. Address Alton, Illinois

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.