

R.I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH - **=60-020894**

FILED VS JUN 6 1960

318 Primary Registration District No. 1003 Registrar's No. 5505

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Length of stay in 1b 36 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 VAH, 915 NO. GRAND AVE.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 733 NORTH 80TH STREET Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First CLIFTON Middle C. ERWIN Last			4. DATE OF DEATH Month 5 Day 26 Year 1960		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/1/86	9. AGE (last birthday) 73	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED LABORER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) DRESDEN, TENNESSEE	12. CITIZEN OF WHAT COUNTRY U.S.A.	

13a. FATHER'S NAME WILLIAM ERWIN		13b. MOTHER'S MAIDEN NAME ANNA GARRISON		14. NAME OF HUSBAND OR WIFE INEZ ERWIN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-I		16. SOCIAL SECURITY NO. 329-10-5775		17. INFORMANT INEZ ERWIN (WIDOW) 733 N. 80TH ST. Address E. ST. LOUIS, IL	

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 40 HOURS
IMMEDIATE CAUSE (a) BRONCHOPNEUMONIA			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) CHRONIC PULMONARY INSUFFICIENCY	6 MONTHS	
	DUE TO (c) PULMONARY EMPHYSEMA	527.1	2 YEARS

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	
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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 Month, Day, Year a.m. p.m.			

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
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21. I attended the deceased from **4/19/60** to **5/26/60** and last saw ^{DEK}him alive on **5/26/60**
Death occurred at **11:00 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Benjamin Borowsky M.D.	22b. ADDRESS VAH, ST. LOUIS, MO.	22c. DATE SIGNED 5/26/60
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23a. BURIAL CREMATION, DATE OF REMOVAL (Specify) Burial May 29, 1960	23b. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery	23c. LOCATION (City, town, or county) (State) Belleville, Illinois
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24. FUNERAL DIRECTOR ADDRESS E St Louis Ill	25. DATE RECD. BY LOCAL REG. MAY 27 1960	26. REGISTRAR'S SIGNATURE Loan Smith, M.D.
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DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

