

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-021057

FILED VS JUN 6 1960

318 Primary Registration District No. 1003 Registrar's No. 5499

STATE FILE NUMBER

INDEXED

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 16 weeks		c. CITY OR TOWN Belleville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Firmin Desloge Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 903 No. Charles			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Lester Himstedt				4. DATE OF DEATH Month Day Year May 25, 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 4/28/1909	9. AGE (last birthday) 51	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) Roofier			10b. KIND OF BUSINESS OR INDUSTRY Roofing Co.		11. BIRTHPLACE (City and state or country) St. Clair Co., Ill.	12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME Henry Himstedt			13b. MOTHER'S MAIDEN NAME Marie Brauer		14. NAME OF HUSBAND OR WIFE Marie		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Address Henry Himstedt, Belleville, 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) Pneumonitis DUE TO (b) Unresponsive State DUE TO (c) Post Craniotomy (cyst of brain - benign)							INTERVAL BETWEEN ONSET AND DEATH 3 Months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 223x					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 Month, Day, Year 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
21. I attended the deceased from 12-2-58 to 5-25-60 and last saw her alive on 5-25-60 Death occurred at 10:55 A m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Francis S. Walker M.D.				22b. ADDRESS 4166 Lindell		22c. DATE SIGNED 5-26-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 5-28-60	23c. NAME OF CEMETERY OR CREMATORY Cemetery		23d. LOCATION (City, town, or county) Belleville, Ill.		23e. STATE	
24. FUNERAL DIRECTOR Albert H. Hoppe, Inc., 4700 Washington Blvd.			24a. RECEIVED BY LOCAL REG. MAY 26 1960		24b. REGISTRAR'S SIGNATURE Earl Smith M.D.		

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 _____, Student Embalmer No. _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Oliver R. Jader

Licensed Embalmer No. 4079

P. O. Address St Louis

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~~ the ~~signature~~ handwriting.
If this body is not embalmed, fact should be so stated above.