

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 15 1960

-60-024373

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **6731**

STATE FILE NUMBER

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 ST LOUIS		Length of stay in 1b DOA		c. CITY OR TOWN COLLINSVILLE		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION CITY HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3125 FAIRMONT (REAR)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First JOSEPH Middle CARL Last BURDA				4. DATE OF DEATH Month JULY Day 2 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 3-6-1898	9. AGE (last birthday) 62	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) MECHANIC			10b. KIND OF BUSINESS OR INDUSTRY AUTOMOBILE		11. BIRTHPLACE (City and state or country) TRENTON, ILL.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME JOSEPH BURDA			13b. MOTHER'S MAIDEN NAME ANNA ZAHN			14. NAME OF HUSBAND OR WIFE NONE		
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. 337-18-1614		17. INFORMANT C. F. LA ROUX			Address 3106 ARLINGTON COLLINSVILLE
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocarditis (arterio-sclerotic)							INTERVAL BETWEEN ONSET AND DEATH Don't know	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		DUE TO (c)		422.1		
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 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 met 15-19-60 July 2-60 and last saw him alive on June 23-60 . Death occurred at 4230 on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE B. E. Ellis M.D. (Degree or title)				22b. ADDRESS 546 no 10 Collinsville Ill			22c. DATE SIGNED 7-5-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 7/6/60	23c. NAME OF CEMETERY OR CREMATORY ST. JOHN CEMETERY		23d. LOCATION (City, town, or county) (State) COLLINSVILLE ILL.			
24. FUNERAL DIRECTOR FEDERAL HOME		ADDRESS COLLINSVILLE ILLINSVILLE		25. DATE RECD. BY LOCAL REG. JUL 5 1960		26. REGISTRAR'S SIGNATURE Joan Smith, M.D.		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

M.D.

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 *James J. ...*

Licensed Embalmer No. 3577

P. O. Address Collinsville

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