

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 15 1960 318

1003

60-024675
6892 STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

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 915 N GRAND ST LOUIS MO	Length of stay in 1b 28 DAYS	c. CITY OR TOWN CHESTER	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETS ADMIN HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1107 HIGH ST

3. NAME OF DECEASED (Type or print) First FRED Middle M. Last KOEHN			4. DATE OF DEATH Month JULY Day 7 Year 1960		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/20/92	9. AGE (last birthday) 68	IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done of working life, even if retired) LABORER	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) AVA, ILLINOIS	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME AUGUST KOEHN		13b. MOTHER'S MAIDEN NAME MARGARET RAY	14. NAME OF HUSBAND OR WIFE - - - - -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) YES WW I	16. SOCIAL SECURITY NO. 340-90-9700	17. INFORMANT ANNA WALT-MATE	1311 UNION AVE BELLEVILLE, ILL.
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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 2 WEEKS
IMMEDIATE CAUSE (a) UREMIA		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)	DUE TO (b) SARCOMA GENERALIZED	
	DUE TO (c) SARCOMA OF UNDETERMINED PRIMARY SITE	

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. 199.2 - <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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.) 199.2 -
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	Month, Day, Year
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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. **VA** attended the deceased from **6/9/60** to **7/7/60** and last saw him alive on **7/7/60**
Death occurred at **10:45 PM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Russell M. Preston</i> (Degree or title) M.D.	22b. ADDRESS VAH, ST LOUIS, MISSOURI	22c. DATE SIGNED 7/8/60
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23a. BURIAL, CREMATION, OR REMOVAL (Specify)	23b. NAME OF CEMETERY OR CREMATORY Vahballa Burial Park	23c. LOCATION (City, town, or county) (State) Belleville Illinois
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24. FUNERAL DIRECTOR <i>Kenneth Funeral Home</i>	ADDRESS East St Louis	25. DATE RECD. BY LOCAL REG. JUL 9 1960	26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>
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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 Charles G. Kurros

Licensed Embalmer No. 486

P. O. Address _____

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.