

UNDECEASED

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		Length of stay in 1b 3 days		c. CITY OR TOWN Collinsville	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis-Little Rock Hospital Inc.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 213 North Hesperia	
				Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Frank Middle Gammán Last Bonebrake			4. DATE OF DEATH Month October Day 6 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 3-19-1898	9. AGE (last birthday) 62	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Penstr. Machinist		10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (City and state or country) Gary, Ind.	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Eli Bonebrake		13b. MOTHER'S MAIDEN NAME Nancy E. Stallard	
14. NAME OF HUSBAND OR WIFE Nora Bonebrake		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. 702-09-2996	
17. INFORMANT Nora Bonebrake		Address 111 No. 111, Collinsville, 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) Bleeding, Gastric Intestinal		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) Gastric Carcinoma		
DUE TO (c) 151x		
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 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.)
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20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> 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 Collinsville	COUNTY	STATE
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21. I attended the deceased from **Oct. 4, 1960** to **October 6, 1960** and last saw him alive on **October 6, 1960**
Death occurred at **10:25 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Amby Boyd</i> (Degree or title) M.D.	22b. ADDRESS 1755 S. Grand Blvd.	22c. DATE SIGNED 10-6-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10-9-1960	23c. NAME OF CEMETERY OR CREMATORY St. Johns Cemetery, Collinsville, Ill.	23d. LOCATION (City, town, or county) (State) Collinsville, Ill.
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24. FUNERAL DIRECTOR Schroepfel Funeral Home, Collinsville, Ill.	25. DATE RECD. BY LOCAL REG. OCT 7 1960	26. REGISTRAR'S SIGNATURE <i>Lead 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 Paul E. Roman

Licensed Embalmer No. F 72

P. O. Address Colinsville

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.