JRI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-047505

FILED VS DEC 16 1960

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11728 STATE FILE NUMBER

NDED

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Ill. b. COUNTY St. Clair

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b 15 days

c. CITY OR TOWN Cahokia — Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's Hospital — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 913 Cahokia Road — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First LOUIS Middle HENRY Last GODIN

4. DATE OF DEATH Month Dec. Day 5, Year 1960

5. SEX Male

6. COLOR OR RACE White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 2-18-83

9. AGE (last birthday) 77 — 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) Laborer retired

10b. KIND OF BUSINESS OR INDUSTRY Railroad

11. BIRTHPLACE (City and state or country) Cahokia, Ill.

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Lucien Godin

13b. MOTHER'S MAIDEN NAME Mary Louise Hebert

14. NAME OF HUSBAND OR WIFE Maud A. Godin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ---

16. SOCIAL SECURITY NO. 706-09-9972

17. INFORMANT Address Mrs. Maud A. Godin, Cahokia, Ill.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Embolism of the right pulmonary artery — INTERVAL BETWEEN ONSET AND DEATH 24 hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Arteriosclerotic heart disease — years

DUE TO (c)

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ ---

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 ☐ NOT WHILE AT WORK ☐

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 November 21, 1960, to December 5, 1960 and last saw him alive on December 5, 1960

Death occurred at 1:40 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] M.D.

22b. ADDRESS 3720 Washington Ave. St. Louis, Mo.

22c. DATE SIGNED 12/6/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 12-9-60

23c. NAME OF CEMETERY OR CREMATORY Valhalla Burial Park

23d. LOCATION (City, town, or county) (State) Belleville, Ill.

24. FUNERAL DIRECTOR ADDRESS John J. Kassly, E. St. Louis, Ill.

25. DATE RECD. BY LOCAL REG. DEC 6 1960

26. REGISTRAR'S SIGNATURE Earl Smith. M.D.

DOCUMENT

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 _____ Signed John J Kasely III

Signature of Student Embalmer

Licensed Embalmer No. 9912

P. O. Address E St Louis

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