

DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Washington											
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b		c. CITY OR TOWN Ashley		Inside Limits Yes <input checked="" type="checkbox"/> No <input checked="" 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) Route 1		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>								
3. NAME OF DECEASED (Type or print) First Stanley Middle Glazik Last Glazik				4. DATE OF DEATH Month March Day 23 Year 1961											
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 1/3/1924		9. AGE (last birthday) 37		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) Farmer				10b. KIND OF BUSINESS OR INDUSTRY DuBois, Ill.				11. BIRTHPLACE (City and state or country) U.S.				12. CITIZEN OF WHAT COUNTRY U.S.			
13a. FATHER'S NAME Walter Glazik				13b. MOTHER'S MAIDEN NAME Monica Valczerovich				14. NAME OF HUSBAND OR WIFE Florence							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW II				16. SOCIAL SECURITY NO.				17. INFORMANT Florence Glazik, Ashley, Ill.				Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Melanosarcoma metastatic to spine - cervical DUE TO (b) Melanosarcoma Spc - removed 3 yrs DUE TO (c) Melanosarcoma Spc - removed 3 yrs PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 192x 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												INTERVAL BETWEEN ONSET AND DEATH ± 6m.			
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 3/20/61 to 3/23/61 and last saw him alive on 3/22/61 . Death occurred at 3:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE [Signature] (Degree or title)						22b. ADDRESS Socals Bldg. St. L.			22c. DATE SIGNED 3/28/61						
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal			23b. DATE 3-27-61		23c. NAME OF CEMETERY OR CREMATORY St. Charles Cemetery			23d. LOCATION (City, town, or State) DuBois, Ill.							
24. FUNERAL DIRECTOR Albert H. Hoppe, Inc., 4700 Washington Blvd.					25. DATE RECD. BY LOCAL REG. MAR 24 1961		26. REGISTRAR'S SIGNATURE Earl Smith, 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 me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed John J. Haines

Licensed Embalmer No. 4108

P. O. Address Stannis W

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, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.