

318

1003

3712

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **3712**

FILED APR 27 1961

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

Admitted to hospital 4-15-1961 at 12:00 PM DOCUMENT BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		Length of stay in 1b		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE		b. COUNTY		c. CITY OR TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>															
		St. Louis				Illinois		Madison		Alton		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>															
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)				Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>																	
Firmin Desloge Hospital						3411 Franor																					
3. NAME OF DECEASED (Type or print) First Middle Last						4. DATE OF DEATH Month Day Year																					
George Louis Leady						April 16, 1961																					
5. SEX		6. COLOR OR RACE		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH		9. AGE (last birthday)		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.															
Male		White				8/7/1894		66																			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and state or country)				12. CITIZEN OF WHAT COUNTRY															
Shop Dropper				Olin-Mathison Co.				Alton, Ill.				U.S.															
13a. FATHER'S NAME				13b. MOTHER'S MAIDEN NAME				14. NAME OF HUSBAND OR WIFE																			
Louis Leady				Anna Pfeiffer				Myrtle																			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)						17. INFORMANT Address																					
Unknown						Myrtle Leady, 3411 Franor - Alton, Ill.																					
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															
IMMEDIATE CAUSE (a) <i>Infarction of the Bowel</i>																											
DUE TO (b) <i>Atherosclerosis</i>																											
DUE TO (c) <i>570.2</i>																											
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															
<i>Peripheral Vascular Collapse</i>																											
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.)																			
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 <i>4/15/ 8:30 PM</i> to <i>4/16/61</i> and last saw her <i>8:30 PM</i> alive on <i>4/16/61</i> Death occurred at <i>4/16/61 8:30 PM</i> m on the date stated above, and to the best of my knowledge, from the causes stated.																											
22a. SIGNATURE <i>Richard J. James MD</i> (Degree or title)						22b. ADDRESS <i>9313 Manchester St. Louis</i>						22c. DATE SIGNED <i>4/17</i>															
23a. BURIAL, CREMATION, REMOVAL (Specify)				23b. DATE				23c. NAME OF CEMETERY OR CREMATORY				23d. LOCATION (City, town, or county)				23e. (State)											
Removal				4-19-61				St. Joseph Cemetery				Alton, Ill.															
24. FUNERAL DIRECTOR <i>Burke Funeral Home, Alton, Ill.</i> ADDRESS						25. DATE RECD. BY LOCAL REG. <i>APR 18 1961</i>						26. REGISTRAR'S SIGNATURE <i>Lead Smith M.D.</i>															

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 _____

Not Embalmed

Licensed Embalmer No. _____

P. O. Address _____

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.