SOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

MENT OF PUBLIC HEALTH AND WELFARE

-61-042987

STATE FILE NUMBER

AMENDED

FILED NOV 28 1961

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10519

1. PLACE OF DEATH
a. COUNTY St Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI
Length of stay in 1b 1 WK
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) BARNES HOSPITAL
Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Illinois
b. COUNTY
c. CITY OR TOWN South Roxana.
Inside Limits Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location)
Reside on Farm Yes ☑ No ☐

3. NAME OF DECEASED (Type or print)
First: EDNA
Middle: V.
Last: TWENTE

4. DATE OF DEATH Month: NOVEMBER Day: 11 Year: 1961

5. SEX Female
6. COLOR OR RACE White
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH Feb 22 1919
9. AGE (last birthday) 41.
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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Alexander County, Ill.
12. CITIZEN OF WHAT COUNTRY U.S.A

13a. FATHER'S NAME UNKNOWN.
13b. MOTHER'S MAIDEN NAME UNKNOWN.
14. NAME OF HUSBAND OR WIFE Thomas Twente.

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. UNKNOWN
17. INFORMANT Thomas Twente Address South Roxana, 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) SARCOMA OF RIGHT LUNG WITH WIDESPREAD METASTASES — INTERVAL BETWEEN ONSET AND DEATH: SEVERAL MOS.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 163x

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 JUNE 2, 1961, to NOV. 11, 1961 and last saw her/him alive on NOV. 11, 1961
Death occurred at 1:02 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C. Vermillion, M. D. (Degree or title)
22b. ADDRESS BARNES HOSPITAL
22c. DATE SIGNED 11/11/61

23a. ~~BURIAL, CREMATION~~, REMOVAL (Specify)
23b. DATE 11-11-1961
23c. NAME OF CEMETERY OR CREMATORY TAMMS CEMETERY
23d. LOCATION (City, town, or county) (State) TAMMS, ILLINOIS

24. FUNERAL DIRECTOR Helene Mortuary
ADDRESS 7117 State St. E.St.L. Ill.
25. DATE RECD. BY LOCAL REG. NOV 13 1961
26. REGISTRAR'S SIGNATURE Ward 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 me

or by Not Embalmed, Student Embalmer No.

working under my personal supervision.

Student

Signature of Student Embalmer

Signed J. Dewey Holton Jr

Licensed Embalmer No. 5239

P. O. Address

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