

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15712

State File No.

FILED APR 18 1953

318

1003

Registrar's No. 3513

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>Macoupin</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Benld</u> <u>8120</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jewish Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>605 N. Fifth St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>		b. (Middle)		c. (Last) <u>Ray</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>7 1 53</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>		8. DATE OF BIRTH <u>Oct. 8, 1873</u>		9. AGE (In years last birthday) <u>79</u>	
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Miner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Coal</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Italy</u> <u>5</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Unavailable</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>341-09-9110</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Della Roberts</u>		ADDRESS <u>1468 Adelaide Ave.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the lung</u> INTERVAL BETWEEN ONSET AND DEATH <u>4 months</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Carcinoma of Prostate</u> <u>Generalized arteriosclerosis</u> <u>1 yr.</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>17.7X</u>		22. I hereby certify that I attended the deceased from <u>Mar 12, 1953</u> , to <u>April 1, 1953</u> , that I last saw the deceased alive on <u>April 1, 1953</u> , and that death occurred at <u>12:45 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Murray Chinsky, M.D.</u>		23b. ADDRESS <u>Jewish Hosp. - St. Louis</u>		23c. DATE SIGNED <u>7/2/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>4-1-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City</u>	
24d. LOCATION (City, town, or county) (State) <u>Benld, Ill.</u>		DATE REC'D BY LOCAL REG. <u>APR 2 1953</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Union Funeral Home, Benld, Ill.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed

John S. Dunnehy
Licensed Embalmer No. *4194*

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