

STATE OF ILLINOIS

STATE FILE
NUMBER

MEDICAL CERTIFICATE OF DEATH

REGISTRATION
DISTRICT NO. 420REGISTERED
NUMBER 134

PLACE OF DEATH COUNTY Jersey		COUNTY, ILLINOIS Illinois Jersey	
Death took place <input type="checkbox"/> OUTSIDE city limits and in Quarry TOWNSHIP. <input type="checkbox"/> INSIDE city limits and in the city, village, or town named at 1c		c. Residence was <input checked="" type="checkbox"/> OUTSIDE city limits and in Quarry TOWNSHIP. <input type="checkbox"/> INSIDE city limits and in the city, village, or town named at 2d	
CITY, VILLAGE, OR TOWN		d. LENGTH OF STAY IN 1b or 1c 9 Yrs.	d. CITY, VILLAGE, OR TOWN
e. NAME OF HOSPITAL OR INSTITUTION <small>(If not in hospital or institution, give street address)</small>		f. LENGTH OF STAY IN 1e	e. LENGTH OF RESIDENCE AT 2c or 2d 9 Yrs.
1. NAME OF DECEASED a. (FIRST) Edward b. (MIDDLE) Joseph c. (LAST) Baecht		4. DATE OF DEATH IMONTH: Aug. IDAY: 15 IYEAR: 1957	
2. SEX Male	6. RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Married	8. DATE OF BIRTH May 15, 1907
3a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Operator		10b. KIND OF BUSINESS OR INDUSTRY Restaurant & Tavern	9. AGE (in years lost birthday) 50 Yrs. if under 1 year MONTHS: _____ DAYS: _____ if under 24 hrs. HOURS: _____ MIN: _____
11. BIRTHPLACE (City and state or foreign country) Baden, Okla.		12. Citizen of what country? U.S.A.	
13. FATHER'S FULL NAME Dr. F.C. Baecht		14. MOTHER'S FULL MAIDEN NAME Rose Keim	
15. Was deceased ever in U.S. Armed Forces? (Yes, no, or unknown) (If yes, give war or dates of service) No X		16. SOCIAL SECURITY NUMBER 342 01 927	
17. INFORMANT a. SIGNATURE Maria C. Baecht		b. ADDRESS Grafton, Ill.	
18. CAUSE OF DEATH		c. RELATIONSHIP TO DECEASED Wife	
PART I. DEATH WAS CAUSED BY: [Enter only one cause per line for (IA), (IB), and (IC).] IMMEDIATE CAUSE. (IA) Pulmonary Embolism due to (BI) Myocardial pathology due to (CI) Arteriosclerotic Cardiovascular Renal Disease			INTERVAL BETWEEN ONSET AND DEATH 10 minutes years years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL CONDITION GIVEN IN PART I(A). Anemia, Malnutrition			
19. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20. DESCRIBE CIRCUMSTANCES OF INJURY, IF ANY, WHOSE NATURE IS MENTIONED IN PART I OR PART II ABOVE.			
21. I hereby certify that I attended the deceased from 6-1955 , 19____, to 8-14-57 , 19____, that I last saw the deceased alive on 8-14-57 , 19____, and death occurred at 6:45 PM , from the causes and on the date stated above.			
DATE 8/17/57 SIGNED Armen Hempel		ADDRESS Grafton, Ill PHONE 38	
22. DISPOSITION: BURIAL-REMOVAL-CREMATION (DATE) 8/18/57		23. FIRM NAME Jacoby Brothers	
CEMETERY Oak Grove		ADDRESS Jerseyville, Ill	
LOCATION Jerseyville, Ill		FUNERAL DIRECTOR SIGNATURE Lulu K. Jacoby LICENSE NUMBER 794	
24. Received for filing on Aug. 17, 1957 (Signed)		LOCAL REGISTRAR Karol B. Brooks	

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