

No. 2
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5-17-39
1 X37823

FILED JAN 31 1945

Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Somarys Infirmary 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day
(Specify whether)

In this community 1 day
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Madison 999

(c) City or town Madison 11
(If outside city or town limits, write "RURAL") 0

(d) Street No. 218 Third St.
(If rural, give location)

(e) Citizen of foreign country? 2 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Johnie Will. Bigbee

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 18
year 1945 hour 9 minute 15 A.M.

21. I hereby certify that I attended the deceased from Jan 16
1945 to Jan 18 1945
that I last saw him alive on _____, 19____
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race Colored

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Rosa Lee Bigbee

6. (c) Age of husband or wife if alive 18 years

7. Birth date of deceased Sept 18 1926
(Month) (Day) (Year)

Immediate cause of death Arteriosclerosis Mellitus

Duration ?

8. AGE: Years Months Days If less than one day

18 4 - hr. _____ min.

Due to _____

Due to _____

9. Birthplace Crawfordsville Ark. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business _____

MOTHER FATHER { 12. Name Will Bigbee

13. Birthplace Georgia
(City, town, or county) (State or foreign country)

14. Maiden name Maggie Taylor

15. Birthplace Clover Hill Miss. 1
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy Arteriosclerosis Mellitus

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16: (a) Informant Rosa Lee Bigbee

(b) Address 218 3rd St. Madison Ill.

17. (a) Removal (b) Date thereof Jan 20 '45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East St. Louis Ill

18. (a) Signature of funeral director J. H. Marshall

(b) Address 2205 No. Ave. East St. Louis Ill.

19. (a) JAN 20 1945 (b) J. F. Bredbeck
(Data received by Registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature Edgar F. Chardon (M. D. or other) E. M. D.

Address 950 N. 2nd St Date signed 1/19/45

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 me

....., Registered Apprentice No.....
working under my personal supervision.

Signed Ben. H. Ballusis

Licensed Embalmer No. 2420

P. O. Address East St. Louis, Ill.

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.