

FILED DEC 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12797
State File No. 10817
Registrar's No. 10817

318

1003

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		State File No.		Registrar's No.			
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Ill.</u> b. COUNTY <u>St. Clair</u>							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>East St. Louis</u>		917 11					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Inf.</u>				d. STREET ADDRESS (If rural, give location) <u>NR 1808 Mo. Avenue</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Laura</u>			b. (Middle)			c. (Last) <u>Mudd</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 15, 1949</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>August 4, 1870</u>		9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Ala.</u>			12. CITIZEN OF WHAT COUNTRY? <u>American</u>		
13a. FATHER'S NAME <u>James Piggott</u>			13b. MOTHER'S MAIDEN NAME <u>Josephine Ward</u>			14. NAME OF HUSBAND OR WIFE <u>-</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>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mari eMudd 1808 Mo. Avenue</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>83rd</u>						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? <u>33.1X</u>						
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>10:1</u> m., from the causes and on the date stated above.											
23a. SIGNATURE <u>H.H. Roberts</u>				(Degree or title)		23b. ADDRESS <u>1421 Kansas - East St. Louis, Ill.</u>			23c. DATE SIGNED <u>12/16/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Dec 15, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>East St. Louis, Ill.</u>			24d. LOCATION (City, town, or county) <u>East St. Louis, Illinois</u>				
DATE REC'D BY LOCAL REG. <u>DEC 16 1949</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>P. Q. Crigger</u>			ADDRESS <u>1036 Tudor Avenue</u>			

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 me

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Ben N. Balduris

Licensed Embalmer No. 2420

P. O. Address E. Hoffman Ills

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.