

FILED JUL 8 1950

STANDARD CERTIFICATE OF DEATH

21838
State File No. 5623

318

1003

Registrar's No.

BIRTH NO. REG. DIST. NO. PRIMARY REG. DIST. NO.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		a. STATE Illinois	
c. LENGTH OF STAY (in this place) 2 hrs.		b. COUNTY St. Clair	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Infirmary		c. CITY (If outside corporate limits, write RURAL and give township) E. St. Louis	
		d. STREET ADDRESS (If rural, give location) 109a North 13th Street	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)					
a. (First) Mary			June 23, 1950					
b. (Middle)			c. (Last) Moore					
5. SEX Female 3	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 2	8. DATE OF BIRTH Apr. 18, 1893	9. AGE (In years last birthday) 57	10. MONTHS 2	11. DAYS 5	12. HOURS 5	13. MIN. 5
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY At home		11. BIRTHPLACE (State or foreign country) Ratesville, Mississippi		12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME Tom Caldwell	13b. MOTHER'S MAIDEN NAME Mary Jones	14. NAME OF HUSBAND OR WIFE -----
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Maisy Sanders
		ADDRESS 1700 Market

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of the Colon with metastasis		INTERVAL BETWEEN ONSET AND DEATH About 1 yr.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Malnutriton DUE TO (c) Pyloric Obstruction		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Cancer of Abdominal Colon	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) 10:30 AM 6-23-50	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 153X
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I hereby certify that I attended the deceased from 6-23-1950 to 6-23-50 5:00 PM, that I last saw the deceased alive on 6-23-50, 1950, and that death occurred at 5:30 PM, from the causes and on the date stated above.

22. SIGNATURE Chas. R. Meyer, Jr., M.D.	(Degree or title)	23b. ADDRESS 1421 Kansas	23c. DATE SIGNED 6-27-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 5	24b. DATE 6-28-50	24c. NAME OF CEMETERY OR CREMATORY Booker Washington	24d. LOCATION (City, town, or county) (State) E. St. Louis, Illinois

DATE REC'D BY LOCAL REG. JUN 28 1950	REGISTRAR'S SIGNATURE J. B. Parson	25. FUNERAL DIRECTOR'S SIGNATURE C. J. Nash	ADDRESS 3847 Page
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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 _____

working under my personal supervision.

Student Embalmer No.

Signed W. J. Cook

Signed
Student Embalmer

Licensed Embalmer No. 2432

P. O. Address 3847 Hsgo

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.

W. J. Cook