

FILED FEB 23 1951

THE DIVISION OF HEALTH - ILLINOIS
STANDARD CERTIFICATE OF DEATH

003

5879
State File No. 1354
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY Madison			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place) 2 MOS.		c. CITY (If outside corporate limits, write RURAL and give township) Edwardsville 8122			
d. FULL NAME OF HOSPITAL OR INSTITUTION Peoples Hospital				d. STREET ADDRESS (If rural, give location) 610 West Schwartz			
3. NAME OF DECEASED (Type or Print) a. (First) Alice		b. (Middle) Marie		c. (Last) Blackman		4. DATE OF DEATH (Month) (Day) (Year) February 9, 1951	
5. SEX female 3		6. COLOR OR RACE colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single 1		8. DATE OF BIRTH January 20, 1935	
9. AGE (In years last birthday) 16		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		11. BIRTHPLACE (State or foreign country) Vandale, Arkansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY At School		11. BIRTHPLACE (State or foreign country) Vandale, Arkansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Albert Blackman		13b. MOTHER'S MAIDEN NAME Irene Homes		14. NAME OF HUSBAND OR WIFE none			
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 Albert Blackman		ADDRESS Edwardsville	
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) <i>Septic embolism secondary to heart</i>				II. INTERVAL BETWEEN ONSET AND DEATH	
		II. OTHER SIGNIFICANT CONDITIONS Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ Conditions contributing to the death but not related to the disease or condition causing death.				456X	
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) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from Dec. 12, 1951, to Feb. 8, 1951, that I last saw the deceased alive on Feb. 8, 1951, and that death occurred at 3:40 p. m., from the causes and on the date stated above.							
23a. SIGNATURE <i>Donald McKeown</i>				23b. ADDRESS Lombard, Ill.		23c. DATE SIGNED 2/9/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal to Edws., Ill.		24b. DATE _____		24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery		24d. LOCATION (City, town, or county) (State) Edwardsville Illinois	
DATE REC'D BY LOCAL REG FEB 9 1951		REGISTRAR'S SIGNATURE <i>D. B. [Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Francis J. [Signature]</i> ADDRESS Madison, Ill.			

(Licensed Embalmer's Statement on Reverse Side)

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

5009
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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.....
Student Embalmer

Signed *Francis J. Laley*
.....
Licensed Embalmer No. 2792

P. O. Address *Madison, Illinois*

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.