

FILED FEB 23 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **5921**
1359
 Registrar's No. _____

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

2009
 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
 5

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) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 9 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Venice		8120 6
d. FULL NAME OF HOSPITAL OR INSTITUTION Peoples Hospital			d. STREET ADDRESS (If rural, give location) 1006 Douglas Street		
3. NAME OF DECEASED (Type or Print) a. (First) PEARL		b. (Middle) _____	c. (Last) BURT	4. DATE OF DEATH (Month) (Day) (Year) Feb. 6, 1951	
5. SEX Female 3	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Jan 16 1888	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months _____ Days _____
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) Oxford, Mississippi		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Marion Lane		13b. MOTHER'S MAIDEN NAME Unknown		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 Ergeal Street		ADDRESS 1006 Douglas Venice, Ill.	
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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Cervix ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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 _____			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) _____			
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? 171X			
22. I hereby certify that I attended the deceased from 1-15 , 19 51 , to 2-6 , 19 51 , that I last saw the deceased alive on Feb. , 19 51 , and that death occurred at 7:15A m., from the causes and on the date stated above.					
23a. SIGNATURE D. Keele			(Degree or title)	23b. ADDRESS P.O. Lovejoy, Ill.	23c. DATE SIGNED 2-9-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Feb. 10 1951	24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) East St. Louis, Illinois	
DATE REC'D BY LOCAL REG. FEB 10 1951		REGISTRAR'S SIGNATURE G. B. Lasater		25. FUNERAL DIRECTOR'S SIGNATURE J. L. Marshall ADDRESS E. St. Louis, Ill.	

James M. Hobson

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____

Student Embalmer

3-8-12

Signed _____

James M. Hobson

21-1

Licensed Embalmer No. *4479*

St. Louis, Mo.

P. O. Address _____

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.