

FILED APR 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10383**
Registrar's No. **2868**

318 PRIMARY REG. DIST. NO. 1003

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) a. STATE <u>Illinois</u> b. COUNTY <u>St. Clair</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (If this place) <u>9 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Centerville Station</u>		8120
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Peoples Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>4705 Cotton Belt Road</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Viola</u>		b. (Middle) _____	c. (Last) <u>McFaran</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 23, 1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>separated</u>	8. DATE OF BIRTH <u>May 2 1899</u>	9. AGE (In years last birthday) <u>51</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>	11. BIRTHPLACE (State or foreign country) <u>Lee County, Ark.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>William Eabron</u>		13b. MOTHER'S MAIDEN NAME <u>Susie Thompson</u>		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) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>X. satil susian</u>		ADDRESS <u>1118 So. 43</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, assthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Edema</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 day</u>
			ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary HT Disease</u>		<u>6 wks</u>
			DUE TO (c) _____		
			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>		
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) _____	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 <u>9/1</u> , 19 <u>50</u> , to <u>3/23</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>3/22</u> , 19 <u>51</u> , and that death occurred at <u>5 A.</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>W. Jackson</u>			23b. ADDRESS <u>1012 May St. St. Louis</u>		23c. DATE SIGNED <u>3/27/51</u>
24a. BURIAL / CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>3-27-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Douglas</u>	24d. LOCATION (City, town, or county) (State) <u>E. St. Louis, Illinois</u>		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>MAR 27 1951 J. B. Sessler</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C. T. Nash</u>		ADDRESS <u>3847 Page</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.....

.....
working under my personal supervision.

Student Embalmer No.

Signed.....

C. T. Nash

Signed.....

Student Embalmer

Licensed Embalmer No. *2432*

P. O. Address *3847 Page*

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.