

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **18029**  
**5245**

FILED JUN 15 1951

BIRTH NO. _____		REG. DIST. NO. <b>318</b>	PRIMARY REG. DIST. NO. <b>1003</b>	Registrar's No. _____
1. PLACE OF DEATH a. COUNTY <b>None</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <b>Ill.</b> b. COUNTY <b>St. Clair</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>East St. Louis</b> 8120		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Mary's Int.</b>		d. STREET ADDRESS (If rural, give location) <b>1625 Tudor Ave.</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Ed</b> b. (Middle) _____ c. (Last) <b>Feaster</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 6, 1951</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept. 1, 1903</b>	9. AGE (In years last birthday) <b>47</b> Months <b>9</b> Days <b>6</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (State or foreign country) <b>Ark.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Kelijah Feaster</b>		
13b. MOTHER'S MAIDEN NAME <b>Hattie Martin</b>		13c. NAME OF HUSBAND OR WIFE <b>Blanche Feaster</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Blanche Feaster</b>
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <b>Uremia (Nephropathy)</b> ANTECEDENT CAUSES (b) <b>Stag Horn Calculus (Left)</b> (c) <b>Post Surgery - Rt. Nephrolithotomy</b> (d) <b>Prostate - Benign</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION <b>5/14/51</b>		19b. MAJOR FINDINGS OF OPERATION <b>Stag Horn Calculus Left</b>		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? <b>602X</b>
22. I hereby certify that I attended the deceased from <b>4/24</b> , 19 <b>51</b> , to <b>6/6</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>6/5</b> , 19 <b>51</b> , and that death occurred at <b>1:55</b> p.m., from the causes and on the date stated above.				
23a. SIGNATURE <b>Daniel W. Brown</b>		23b. ADDRESS <b>11 No. Jefferson Ave</b>		23c. DATE SIGNED <b>6/7/51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <b>6/6/51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>East St. Louis, Ill.</b>
DATE FILED BY _____ <b>JUN 7 1951</b>		REGISTRAR'S SIGNATURE <b>J. B. Pasater</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>P. G. Crayler</b>
				ADDRESS <b>1036 Tudor Ave</b>

WRITE PLAINLY—USING UNFAADING 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. W. Baldwin

Licensed Embalmer No. 2420

P. O. Address E. Athol's Elks

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.