

THE DIVISION OF HEALTH OF THE STATE OF ILLINOIS  
STANDARD CERTIFICATE OF DEATH

28014

State File No. \_\_\_\_\_

FILED SEP 13 1951

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

Registrar's No. **7703**

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		c. LENGTH OF STAY (in this place) 3 days	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Infirmary		d. STREET ADDRESS (If rural, give location) 4009 Baker	
3. NAME OF DECEASED a. (First) Peter		c. (Last) Alston	
5. SEX Male		6. COLOR OR RACE Negro	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH April 5, 1907	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		11. BIRTHPLACE (State or foreign country) Clayton, Mississippi	
13a. FATHER'S NAME Peter Alston		13b. MOTHER'S MAIDEN NAME Lizzie Johnston	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. 318-05-2182	
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.		17. INFORMANT'S SIGNATURE OR NAME Addie Byrd	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Acute Suppurative Pyelonephritis		ADDRESS 4009 Baker	
2. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Bladder Neck Contracture		INTERVAL BETWEEN ONSET AND DEATH 2 weeks	
3. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diverticulum of the Bladder		10 years	
19a. DATE OF OPERATION 8-27-51		19b. MAJOR FINDINGS OF OPERATION Retention of Urine - Purulent Diverticulitis	
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) (Min.) 8-28-51 11:30 a.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? Levied			
22. I hereby certify that I attended the deceased from <u>8-24</u> , 19 <u>51</u> , to <u>8-28</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>8-28</u> , 19 <u>51</u> , and that death occurred at <u>3:15 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE Noble B. Herriford M.D.		23b. ADDRESS 4424 A Eastern	
23c. DATE SIGNED 8-30-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8-30-51	
24c. NAME OF CEMETERY OR CREMATORY Barker Washington		24d. LOCATION (City, town, or county) (State) E. St. Louis, Ill.,	
DATE REC'D BY LOCAL REG. 40630 1951		REGISTRAR'S SIGNATURE J. Earl Smith M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE C. J. Nash		ADDRESS 3817 Page	

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

Handwritten notes on the left margin: "Noble B. Herriford M.D. 4424 A Eastern" and "Levied".

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. Y. 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.