

No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21779**
Registrar's No. **5165**

JUN 27 1952

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

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, write RURAL and give town or township) **ST. LOUIS**
c. LENGTH OF STAY (In this place) **1 DAY**
d. FULL NAME OF HOSPITAL OR INSTITUTION **Peoples Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE **ILLINOIS** b. COUNTY **MADISON**
c. CITY (If outside corporate limits, write RURAL and give township) **VENICE**
d. STREET ADDRESS (If rural, give location) **211 Short Road**

3. NAME OF DECEASED (Type or Print)
a. (First) **Lizzie** b. (Middle) _____ c. (Last) **BRAXTON**
4. DATE OF DEATH (Month) (Day) (Year) **JUNE 5 1952**

5. SEX **3 FEMALE** 6. COLOR OR RACE **NEGRO** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **WIDOWED** 8. DATE OF BIRTH **Aug 31, 1889** 9. AGE (In years last birthday) **62**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **AT HOME** 11. BIRTHPLACE (City and State or Foreign Country) **MONTGOMERY COUNTY, TENN** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **SAM DAVIS** 13b. MOTHER'S MAIDEN NAME **MILDRED GRIFFIN** 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **NO** (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. **NONE** 17. INFORMANT'S SIGNATURE OR NAME **EDDIE LEE SPENCER** ADDRESS **101 WEAVER, VENICE, ILL.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **EXPANSE PANDERING**
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.
b. ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. **meningococci meningitis**
c. DUE TO (c) _____
2. 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 NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR **0570**

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **1100 A m.**, from the causes and on the date stated above.

23a. SIGNATURE **[Signature]** (Degree or title) **3** 23b. ADDRESS **1200 Olive** 23c. DATE SIGNED **6/5/52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **REMOVAL** 24b. DATE **June 6, 1952** 24c. NAME OF CEMETERY OR CREMATORY _____ 24d. LOCATION (City, town, or county) (State) **EAST ST. LOUIS, ILLINOIS**

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE **JUN 6 1952** **[Signature]** 25. FUNERAL DIRECTOR'S SIGNATURE **MARSHALL FUNERAL HOME - E. ST. LOUIS, ILL** ADDRESS _____

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Thomas M. Dobson

Licensed Embalmer No. 4479

2205 MISSOURI AVE
P. O. Address EAST ST. LOUIS, ILL.

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.