

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

29584

State File No. ....

8209

Registrar's No. ....

**FILED SEP 8 - 1952**

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>	
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>Madison</u> <u>R120</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> <u>0</u>		c. LENGTH OF STAY (in this place) <u>2 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Madison</u>		8
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Peoples Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>910 Madison Street</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>FANNIE</u>		b. (Middle) _____		c. (Last) <u>HILL</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>August 28, 1952</u>					
5. SEX <u>Female</u> <u>3</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> <u>2</u>	8. DATE OF BIRTH <u>July 4, 1887</u>	9. AGE (in years last birthday) <u>65</u>	10. MONTHS <u>1</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Russell County, Ala.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Richard Wright</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>*****</u>	
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>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Edward Hill --- 910 Madison St., Madison, Ill.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	<p align="center"><b>MEDICAL CERTIFICATION</b></p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension of Heart Disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>11 hr</u> <u>1 mo</u>
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>_____</u>			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) _____ m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>331X</u>			
22. I hereby certify that I attended the deceased from <u>Aug 12, 1952</u> to <u>Aug 28, 1952</u> that I last saw the deceased alive on <u>Aug 28, 1952</u> , and that death occurred at <u>7 P</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Edward Hill</u>			(Degree or title)	23b. ADDRESS <u>Madison, Ill.</u>	23c. DATE SIGNED _____
24a. BURIAL, CREMATION, REMOVAL (Specify) _____	24b. DATE <u>Aug 30, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>_____</u>		24d. LOCATION (City, town, or county) (State) <u>East St. Louis, Illinois</u>	
DATE REC'D BY LOCAL REG. <u>AUG 30 1952</u>	REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Marshall Funeral Home - E. St. Louis, Ill.</u>		

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

G.P. (Licensed Embalmer's Statement on Reverse Side)

**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. Dawson*

Licensed Embalmer No. 4479

2205 Missouri Ave.

P. O. Address East St. Louis, Illinois

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.