

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 36371

NOV 12 1952

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 9575

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY St. Clair	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (In this place) 16 days	
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital		d. STREET ADDRESS (If rural, give location) 4003 Market Street	
3. NAME OF DECEASED (Type or Print) JOHN		4. DATE OF DEATH (Month) (Day) (Year) 10 16 52	
5. SEX Male		6. COLOR OR RACE Negro	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 1, 1897	
9. AGE (In years last birthday) 55		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	
10b. KIND OF BUSINESS OR INDUSTRY Storage		11. BIRTHPLACE (City and State or Foreign Country) Port Gibson, Mississippi	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME John Fowler	
13b. MOTHER'S MAIDEN NAME Mahalia Smith		14. NAME OF HUSBAND OR WIFE Ernestine Fowler	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. Unknown	
17. INFORMANT'S SIGNATURE OR NAME Ernestine Fowler		ADDRESS 4003 Market St. East St. Louis, Ill.	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBROVASCULAR ACCIDENT  ANTECEDENT CAUSES DUE TO (b) ARTERIOSCLEROSIS  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. GANGRENE OF FOOT	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 3 days	
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.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 331X	
22. I hereby certify that I attended the deceased from 10-2, 1952, to 10-16, 1952, that I last saw the deceased alive on 10-16, 1952, and that death occurred at 6:25 pm., from the causes and on the date stated above.			
23a. SIGNATURE Peter P. Russell M.D.		23b. ADDRESS	
23c. DATE SIGNED 10-16-52		24a. BURIAL, CREMATION, OR REMOVAL (Specify)	
24b. DATE 17 Oct 52		24c. NAME OF CEMETERY OR CREMATORY Vicksburg Cemetery	
24d. LOCATION (City, town, or county) (State) Vicksburg, Mississippi		25. FUNERAL DIRECTOR'S SIGNATURE	
DATE REC'D BY LOCAL REG. OCT 17 1952		26. ADDRESS 2114 MO. Ave. East St. Louis, Ill.	

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

NOV 24 1952

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 H Baldwin

Licensed Embalmer No. 2470

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.