

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 40756

FILED DEC 12 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10916

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>St. Clair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>East St. Louis, 8120</u>	
c. LENGTH OF STAY (In this place) <u>28 days</u>		d. STREET ADDRESS (If rural, give location) <u>1024 Paradise Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>People's Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rachel</u> b. (Middle) <u>Marie</u> c. (Last) <u>Steward</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 26, 1952</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 16, 1908</u>
9. AGE (In years last birthday) <u>44</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor</u>	11. BIRTHPLACE (State or foreign country) <u>Tupelo Mississippi</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Charlie Steward</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>332-20-5305</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Charlie Steward - East St. Louis, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Novocaine Reaction</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>while undergoing an operation for a toxic thyroid condition</u>			
DUE TO (c) <u>at Peoples Hospital on</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Nov 26 1952</u>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Accident</u>	20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. RESIDENT (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Roof</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis Mo 000</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov 26 52 ? m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>E8747</u>	
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 <u>7:50 A. m.</u> , from the causes and on the date stated above. <u>40</u>			
23a. SIGNATURE <u>Joseph M. Decker</u>		23b. ADDRESS <u>1300 Clark</u>	23c. DATE SIGNED <u>11/27/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-28-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>East St. Louis, Ill.</u>	24d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. <u>NOV 28 1952</u>	REGISTRAR'S SIGNATURE <u>Carl Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. P. Crigger</u>	
		ADDRESS <u>1036 Tudor Ave. East St. Louis Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 me

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed Ben H. Baldwin

Licensed Embalmer No. 2420

P. O. Address B. Haindles

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.