

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40892**
Registrar's No. **10739**

FILED DEC 12 1952

318

1003

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY Madison			
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		c. LENGTH OF STAY (In this place) 3 Weeks		c. CITY (If outside corporate limits, write RURAL and give township) Alton		8120	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL				d. STREET ADDRESS (If rural, give location) 1420 Fletcher St.			
3. NAME OF DECEASED (Type or Print) a. (First) ALEXANDER		b. (Middle) _____		c. (Last) WOMACK		4. DATE OF DEATH (Month) (Day) (Year) 11 19 52	
5. SEX Male		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 29, 1903	
9. AGE (In years last birthday) 49		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 12 HRS. Hours _____ Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Smelter		10b. KIND OF BUSINESS OR INDUSTRY Lead Plant		11. BIRTHPLACE (City and State or Foreign Country) Jackson, Tennessee		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Alfred Womack		13b. MOTHER'S MAIDEN NAME Jennie Long		14. NAME OF HUSBAND OR WIFE Allean Womack			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 327-07-7451		17. INFORMANT'S SIGNATURE OR NAME Allean Womack ADDRESS 1420 Fletcher St Alton 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) Pulmonary infarct ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS PERFORATED DUODENAL ULCER <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> MULTIPLE INTRAABDOMINAL ABSCESSSES				INTERVAL BETWEEN ONSET AND DEATH minutes 6 WEEKS	
19a. DATE OF OPERATION 10/29/52		19b. MAJOR FINDINGS OF OPERATION INCISION AND DRAINAGE OF SUB-PHRENIC ABSCESS.				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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 465X			
22. I hereby certify that I attended the deceased from 10/27 , 19 52 , to 11/19 , 19 52 , that I last saw the deceased alive on 11/19 , 19 52 , and that death occurred at 5:35 pm , from the causes and on the date stated above.							
23a. SIGNATURE Albert L. Heiser (Degree or title) , M.D.				23b. ADDRESS 600 S. KINGSHIGHWAY BVD.		23c. DATE SIGNED 11/19/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 24, 1952		24c. NAME OF CEMETERY OR CREMATORY Upper Alton Cemetery		24d. LOCATION (City, town, or county) (State) Alton, Illinois	
DATE REC'D BY LOCAL REG. NOV 21 1952		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Robert W. Streper		ADDRESS Alton, Ill.	

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 _____

Licensed Embalmer No. 2474

P. O. Address Clinton, 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.