

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43492

State File No. ....

Registrar's No. ....

FILED JAN 10 1953

318

1003

11346

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. ....		Registrar's No. ....	
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>St. Clair</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>			c. LENGTH OF STAY (in this place) <u>2 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>East St. Louis</u>			8120		
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Peoples Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>2700 St. Louis Avenue</u>					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>NELLIE</u>	b. (Middle) <u>MARY</u>		c. (Last) <u>HEMMINGS</u>		4. DATE OF DEATH (Month) (Day) (Year)		<u>Dec. 6 1952</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Oct. 12, 1887</u>		9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teacher</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (State or foreign country) <u>Pittsburg, Pennsylvania</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Henderson Hemmings</u>			13b. MOTHER'S MAIDEN NAME <u>Nellie Dorsey</u>			14. NAME OF HUSBAND OR WIFE <u>None</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>Edna Jackson 2700 St. Louis Ave. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Heart Disease</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>  DUE TO (b) <u>Coronary Occlusion</u>  DUE TO (c) _____						INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>  <u>2 hrs.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 _____						4201	
22. I hereby certify that I attended the deceased from <u>12/4</u> , 19 <u>52</u> , to <u>12/6</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>12/6</u> , 19 <u>52</u> and that death occurred at <u>1:40 PM.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Edna Jackson, MD</u>				23b. ADDRESS <u>1344 Madison, East St. Louis, Ill.</u>			23c. DATE SIGNED <u>12/12/52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <u>9 Dec 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Booker Washington</u>		24d. LOCATION (City, town, or county) (State) <u>East St. Louis, Ill.</u>			
DATE REC'D BY LOCAL REG. <u>DEC 9 1952</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>2114 Mo. Ave. East St. Louis, Ill.</u>		

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

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed

Ben W. Baldwin

Licensed Embalmer No. 2420

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.