No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44802

FILED JAN 26 1953

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11792

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST LOUIS MO
c. LENGTH OF STAY (In this place): 1 MONTH
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST MARYS INFIRMARY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: ILLINOIS
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BLOOMINGTON 8120
d. STREET ADDRESS (If rural, give location): 311 EAST MOULTON

3. NAME OF DECEASED (Type or Print)
a. (First): DANIEL
b. (Middle): JOSEPH
c. (Last): EBO

4. DATE OF DEATH (Month) (Day) (Year): DEC 22 1952

5. SEX: M
6. COLOR OR RACE: NEGRO
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: MAY-22-1871
9. AGE (In years last birthday): 81 — If under 1 year: Months 7; Days; If under 24 hrs.: Hours; Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): JANITOR
10b. KIND OF BUSINESS OR INDUSTRY: PUBLIC LIBRARY
11. BIRTHPLACE (State or foreign country): ALBANY-NY-
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: UNKNOWN
13b. MOTHER'S MAIDEN NAME: UNKNOWN
14. NAME OF HUSBAND OR WIFE: DECEASED

15. WAS DEATH EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME / **ADDRESS**: Sister Mary Antonia St Mary-Hosp

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Right Lung Abscess — 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) None

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 521X

22. *I hereby certify that I attended the deceased from* 8-10-52 *19*__, *to* 12-21 *19*52, *that I last saw the deceased alive on* 12-21 *19*52, *and that death occurred at* 8A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Calvin Moore MD
23b. ADDRESS: 4507 N. Euclid
23c. DATE SIGNED: 12-23-53

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: DEC 23-1952
24c. NAME OF CEMETERY OR CREMATORY: CITY CEMETERY
24d. LOCATION (City, town, or county) (State): BLOOMINGTON ILL

DATE REC'D BY LOCAL REG. DEC 23 1952
REGISTRAR'S SIGNATURE: H Earl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE / **ADDRESS**: H H Jocklenb 5536 Clayton Rd Rich Hill Mo
(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 .....

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Fred J. Lammert

Licensed Embalmer No. 4788

P. O. Address St. Louis Mo

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.