

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3144**
Registrar's No. **0478**

FILED JAN 28 1953

318

PRIMARY REG. DIST. NO. 1003

BIRTH NO. _____		REG. DIST. NO. _____		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 <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. LENGTH OF STAY (in this place) <u>20 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>East St. Louis</u> <u>8120</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Infirmary</u>				d. STREET ADDRESS (If rural, give location) <u>1031 Piggott Ave.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sallie</u>		b. (Middle) <u>Foot</u>		c. (Last) <u>Goodgame</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 13, 1953</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Jan 6, 1897</u>	
9. AGE (in years last birthday) <u>56</u>		10. UNDER 1 YEAR Months _____ Days _____		11. UNDER 11 MRS. Hours _____ Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Mississippi</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Eli Moore</u>		13b. MOTHER'S MAIDEN NAME <u>Adaline Jackson</u>		14. NAME OF HUSBAND OR WIFE <u>1928 Fred Ray</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. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Melissie Ray</u> ADDRESS <u>6 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial Damage</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES ☐ NO ☐	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (a.e., 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 ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? <u>4222</u>			
22. I hereby certify that I attended the deceased from <u>10/5</u> 19 <u>52</u> , to <u>1/13/53</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>1/13/53</u> , 19 <u>53</u> , and that death occurred at <u>12:00</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>E. F. Anderson Jr.</u> (Degree or title) _____				23b. ADDRESS <u>950 W 2ND ST</u>		23c. DATE SIGNED <u>1/13/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>15 Jan 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Boothea Washington</u>		24d. LOCATION (City, town, or county) (State) <u>East St. Louis, Illinois</u>	
DATE REC'D BY LOCAL HEALTH DEPT. <u>JAN 16 1953</u>		REGISTRAR'S SIGNATURE <u>Clay Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. A. H. Officer</u> ADDRESS <u>2714 Missouri Ave East St. Louis, Illinois</u>			

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 Bern H. Baldwin

Licensed Embalmer No. 2420

P. O. Address E. 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.