

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12133**
Registrar's No. **2762**

FILED MAR 31 1953

BIRTH NO. **18621** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY St. Clair	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN East St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Infirmary		d. STREET ADDRESS (If rural, give location) 412 Bond Avenue	
3. NAME OF DECEASED (Type or Print) a. (First) Baby b. (Middle) c. (Last) Pawnell		4. DATE OF DEATH (Month) (Day) (Year) March 10, 1953	
5. SEX 3 Fem.	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH March 3 1951
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY infant	9. AGE (In years last birthday) 0 # UNDER 1 YEAR 0 # UNDER 1 MONTH 7 # UNDER 1 HRS. 0
11a. FATHER'S NAME James Pawnell		11b. MOTHER'S MAIDEN NAME Joyce Smith	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	12. CITIZEN OF WHAT COUNTRY? USA
17. INFORMANT'S SIGNATURE OR NAME James Pawnell		ADDRESS 412 Bond Ave	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Trauma		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS	
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 <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		776x	
22. I hereby certify that I attended the deceased from 3/6/53 to March 10, 1953 , that I last saw the deceased alive on 3-9-53 , and that death occurred at 4:20A m., from the causes and on the date stated above.			
23a. SIGNATURE E. J. W. Warden		23b. ADDRESS 550 N. W. 4th St. East St. Louis, Mo.	
23c. DATE SIGNED 3/10/53		24. LOCATION (City, town, or county) (State) East St. Louis, Illinois	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3/12/53	
24c. NAME OF CEMETERY OR CREMATORY Booker Washington		24d. LOCATION (City, town, or county) (State) East St. Louis, Illinois	
DATE REC'D BY LOCAL REG. MAR 12 1953		25. FUNERAL DIRECTOR'S SIGNATURE C. J. Nash	
REGISTRAR'S SIGNATURE Carl Smith		ADDRESS 111 N. 13th St.	

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

C. J. Nash

Licensed Embalmer No. 2432

P. O. Address 3847 Page

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.