

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2287
Registrar's No. 2287

No. 300
10-48

FILED MAR 18 1953

BIRTH NO. 18998 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Venice	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Infirmary		d. STREET ADDRESS (If rural, give location) 318 Weaver Street	
3. NAME OF DECEASED (Type or Print) a. (First) BABY b. (Middle) c. (Last) TYUS		4. DATE OF DEATH (Month) (Day) (Year) Feb 27, 1953	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Never married	8. DATE OF BIRTH Feb 26, 1953
9. AGE (In years last birthday)		10. MONTH	11. DAY
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY at home	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME George Tyus		13b. MOTHER'S MAIDEN NAME Nora White	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME George Tyus-318 Weaver St., Venice, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 3 hours	
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? 7544	
22. I hereby certify that I attended the deceased from 2/26, 1953, to 2/27, 1953, that I last saw the deceased alive on 2/27, 1953, and that death occurred at 2 A.M., from the causes and on the date stated above.			
23. SIGNATURE (Degree or title) Clifford A. Hancock MD.		23b. ADDRESS 360 A St. 15th St. East	
23c. DATE SIGNED 2/27		23d. LOCATION (City, town, or county) (State) East St. Louis, Illinois	
24a. BUREAU OF CREMATION, REMOVAL (Specify) Removal	24b. DATE Feb. 28, 1953	24c. NAME OF CEMETERY OR CREMATORY East St. Louis, Illinois	
24d. LOCATION (City, town, or county) (State) East St. Louis, Illinois	25. FUNERAL DIRECTOR'S SIGNATURE Marshall Funeral Home-E. St. Louis, Ill.		
DATE REC'D BY LOCAL REG. FEB 28 1953	REGISTRAR'S SIGNATURE J. Carl Smith MD.		ADDRESS Marshall Funeral Home-E. St. Louis, Ill.

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 Thomas M. Robson

Licensed Embalmer No. 4479

2205 Missouri Ave.

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.