

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **9941**
Registrar's No. **2341**

FILED MAR 19 1954		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003
BIRTH NO. _____		REGISTRAR'S NO. _____	
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) St. Louis		c. LENGTH OF STAY (In this place) 10 days	c. CITY OR TOWN Madison
d. FULL NAME OF HOSPITAL OR INSTITUTION: Peoples Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) BEATRICE		a. (First) _____ b. (Middle) _____ c. (Last) CLEMONS	4. DATE OF DEATH (Month) (Day) (Year) March 12, 1954
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Oct 21, 1921
9. AGE (In years last birthday) 32	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 YEAR Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Power Machine Operator	10b. KIND OF BUSINESS OR INDUSTRY Clothing Manufacturer	11. BIRTHPLACE (City and State or Foreign Country) Cotton-plant, Arkansas	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John Sullivan	13b. MOTHER'S MAIDEN NAME Jessie Higgins	14. NAME OF HUSBAND OR WIFE *****	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lillie Cobbler-142 Kline, P.O., Madison, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia ANTECEDENT CAUSES DUE TO (b) Nephritis (Nephritis) DUE TO (c) Electrolyte imbalance (Electrolyte Imbalance) 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 5/4/54	19b. MAJOR FINDINGS OF OPERATION Autopsy	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?	
22. I hereby certify that I attended the deceased from 5/4/54 , 19 54 , to 3/12/54 , that I last saw the deceased alive on 3/12/54 , 19 54 , and that death occurred at 7 A. m., from the causes and on the date stated above.			
22a. SIGNATURE Edw. F. Womack	(Degree or title) O. M. D.	22b. ADDRESS 930 N 2nd St	22c. DATE SIGNED 8/12/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE March 15, 1954	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) East St. Louis, Illinois
DATE REC'D BY LOCAL REG. MAR 15 1954	REGISTRAR'S SIGNATURE Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Marshall Funeral Home - East St. Louis, Ill.	

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.....
Signature of Student Embalmer

Signed *Thomas M. DeLeon*.....

Licensed Embalmer No. *4479*
2205 Missouri Av
P. O. Address E. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.