

FILED APR 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **13982**
2983
Registrar's No. _____

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 13982	
REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 13982		Registrar's No. 2983	
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 Infirmery		c. LENGTH OF STAY (In this place) 4 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN E. St. Louis		d. STREET ADDRESS (If rural, give location) 1643 Gaty	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Infirmery				d. STREET ADDRESS (If rural, give location) 1643 Gaty			
3. NAME OF DECEASED (Type or Print) a. (First) Irene			b. (Middle) _____			c. (Last) Rawles	
4. DATE OF DEATH (Month) (Day) (Year) 3-30-54			5. SEX Female		6. COLOR OR RACE Negro		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 6 1909		9. AGE (In years last birthday) 44		10. UNDER 1 YEAR Days 11	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY At home		11. BIRTHPLACE (City and State or Foreign Country) Portland, Arkansas		12. CITIZEN OF WHAT COUNTRY? USA.	
13a. FATHER'S NAME Tom Hewlitt		13b. MOTHER'S MAIDEN NAME Savannah Lewis		14. NAME OF HUSBAND OR WIFE Ivory Rawles			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Loony Rawles ADDRESS 1514 Clairmount			
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) Cerebral thrombosis INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES Cramps Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Cramps DUE TO (c) Hypertension - pelony II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Thyroidectomy					
19a. DATE OF OPERATION 2		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) 332 X			
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 3/26/54 , to 3/30/54 , 19____, that I last saw the deceased alive on 3/30 , 19 54 and that death occurred at 4:30 p m., from the causes and on the date stated above.							
23a. SIGNATURE Edgar F. Woodson (Degree or title) MD				23b. ADDRESS 730 N LINDA E. St. Louis Ill		23c. DATE SIGNED 4/1/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4-8-54		24c. NAME OF CEMETERY OR CREMATORY Booker Washington		24d. LOCATION (City, town, or county) (State) E. St. Louis, Ill.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE APR 2 1954 J. Carl Smith		REGISTRAR'S SIGNATURE M. E. J. Nash		25. FUNERAL DIRECTOR'S SIGNATURE _____		ADDRESS 111 N. 13th St.	

(Licensed Embalmers' Statements on Reverse Side)

WRITE PLAINLY—USING 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.