

FILED JUN 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20906**
Registrar's No. **5381**

BIRTH NO. _____		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. LENGTH OF STAY (In this place) 1 week	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN East St. Louis		8120 8
d. FULL NAME OF HOSPITAL OR INSTITUTION PEOPLES HOSPITAL			d. STREET ADDRESS (If rural, give location) 1010 Market		
3. NAME OF DECEASED (Type or Print) LIZZIE		a. (First)	b. (Middle)	c. (Last) MCDANIEL	4. DATE OF DEATH (Month) (Day) (Year) June 11, 1954
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 3, 1880	9. AGE (In years last birthday) 74	10. MONTHS 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) Atlanta, Georgia		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Richard Sorrows		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Darling McDaniel		
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. None	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Henry McDaniel 1010 Market E. St. Louis, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Apoplexy ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Malignant Hypertension DUE TO (c) Cholesterol II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None				INTERVAL BETWEEN ONSET AND DEATH 8 days Unknown Unknown
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____		21f. HOW DID INJURY OCCUR? 592x	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	22. I hereby certify that I attended the deceased from 6-4-1954 , to 6-11-1954 , that I last saw the deceased alive on 6-11-1954 and that death occurred at 10-A m., from the causes and on the date stated above.			
22a. SIGNATURE John Lubanski M.D.		(Degree or title)	23b. ADDRESS 1433 East Boley	23c. DATE SIGNED 6/11/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 6/15/54	24c. NAME OF CEMETERY OR CREMATORY Booker Washington Cem.	24d. LOCATION (City, town, or county) (State) East St. Louis, Ill.	25. GENERAL DIRECTOR'S SIGNATURE AND ADDRESS Carl Smith M.D. Missouri E. St. Louis, Ill.	
DATE REC'D BY LOCAL REG. JUN 16 1954	REGISTRAR'S SIGNATURE Carl Smith M.D. Missouri	25. GENERAL DIRECTOR'S SIGNATURE AND ADDRESS 2114 Missouri E. St. Louis, Ill.			

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

mfb

(Licensed Embalmer's Statement on Reverse Side)

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 Ben H. Baldwin

Licensed Embalmer No. 2430

P. O. Address 721 N. 26th Street

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.