No. 300
10-48

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

FILED SEP 16 1954

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 31696

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8045

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (In this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Mary's Infimary

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Illinois
b. COUNTY: St. Clair
c. CITY OR TOWN: Lovejoy
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 201 Madison Street

8120
8

**3. NAME OF DECEASED** (Type or Print)
a. (First): ALBERT
b. (Middle):
c. (Last): CLARK

**4. DATE OF DEATH** (Month) (Day) (Year): Aug 29, 1954

**5. SEX**: Male 2
**6. COLOR OR RACE**: Negro
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): widowed
**8. DATE OF BIRTH**: June 15, 1905
**9. AGE** (In years last birthday): 49 | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Unemployed laborer
**10b. KIND OF BUSINESS OR INDUSTRY**: At home
**11. BIRTHPLACE** (City and State or Foreign Country): Madison, Mississippi
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: Unknown
**13b. MOTHER'S MAIDEN NAME**: Unknown
**14. NAME OF HUSBAND OR WIFE**: *****

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): NO
(If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**: Unknown
**17. INFORMANT'S SIGNATURE OR NAME ADDRESS**: Rufus Brown-400 Monroe St., Lovejoy, 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) Hypertensive heart disease — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

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 ☐ NO ☒

**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) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**: 443X

22. *I hereby certify that I attended the deceased from* July 1, 1954, *to* Aug 29, 1954, *that I last saw the deceased alive on* Aug 29, 1954, *and that death occurred at* 1 a m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Dr Earle Williams M.D.
**23b. ADDRESS**: 501 Madison Lovejoy, Ill.
**23c. DATE SIGNED**: Aug 31, 1954

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Removal
**24b. DATE**: Aug 31, 1954
**24c. NAME OF CEMETERY OR CREMATORY**:
**24d. LOCATION** (City, town, or county) (State): East St. Louis, Illinois

DATE REC'D BY LOCAL REG.: AUG 31 1954
REGISTRAR'S SIGNATURE: J. Earl Smith, M.D.
**25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS**: Marshall Funeral Home-East St. Louis, Ill.

E.B. (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 embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Thomas M. Dobson

Licensed Embalmer No. 4479
2205 Missouri Ave.

P. O. Address East St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.