

FILED FEB 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

2358

0808

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____				
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Illinois</b>				b. COUNTY <b>St. Clair</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>			c. LENGTH OF STAY (In this place) <b>8 mo.</b>		c. CITY OR TOWN <b>E. St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4611 Washington</b>				e. STREET ADDRESS (If rural, give location) <b>2204 Bond Ave.</b>				<b>812g</b>		
3. NAME OF DECEASED (Type or Print) <b>Edward</b>			a. (First)		b. (Middle) <b>Brack Sr.</b>		c. (Last)			
4. DATE OF DEATH <b>1/26/55</b>			5. SEX <b>Male</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>			
8. DATE OF BIRTH <b>October 18, 1884</b>			9. AGE (In years last birthday) <b>70</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY			
11. BIRTHPLACE (City and State or Foreign Country) <b>West Point, Miss</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			13a. FATHER'S NAME <b>Levi Brack</b>				
13b. MOTHER'S MAIDEN NAME <b>Unknown</b>			14. NAME OF HUSBAND OR WIFE <b>Hattie Brack</b>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, state year or dates of service) <b>NO</b>				
16. SOCIAL SECURITY NO.			17. INFORMANT'S SIGNATURE OR NAME <b>Paul Shelton</b>						ADDRESS <b>4611 Washington</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <b>3 DAYS</b>		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>BACILLARY PNEUMONIA</b>				ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (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.				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 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? <b>491X</b>						
22. I hereby certify that I attended the deceased from <b>JANUARY 25, 1955</b> , to <b>JAN. 26, 1955</b> , that I last saw the deceased alive on <b>JAN. 25, 1955</b> , and that death occurred at <b>5 A. M.</b> , from the causes and on the date stated above.										
23a. SIGNATURE <b>Frank P. Woodson</b>			23b. ADDRESS <b>925 N. 2ND ST, E. St. Louis, Ill.</b>		23c. DATE SIGNED <b>1-27-55</b>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>1-28-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Booker Washington</b>		24d. LOCATION (City, town, or county) (State) <b>Centerville Twsp., Ill.</b>				
DATE REC'D BY LOCAL REG. <b>JAN 28 1955</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith MD</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>C. V. Nash</b>				ADDRESS <b>3847 Park</b>	

(Licensed Embalmer's Statement on Reverse Side)

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 *C. J. Nash*.....

Licensed Embalmer No. *243*.....

P. O. Address *3877 Pa*.....

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.