

FILED APR 18 1955

STANDARD CERTIFICATE OF DEATH

13830

State File No.

BIRTH NO. REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3018**

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) 5 days	
d. FULL NAME OF HOSPITAL OR INSTITUTION Peoples Hospital		e. STREET ADDRESS (If rural, give location) 716 Canal street	
3. NAME OF DECEASED (Type or Print) a. (First) WILLIE		b. (Middle)	
c. (Last) ROLLINS		4. DATE OF DEATH (Month) (Day) (Year) April 1, 1955	
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug 27, 1895
9. AGE (In years last birthday) 59		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and State or Foreign Country) Boyle, Miss.
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Collins stitum	
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) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Shirley Johnson-716 Canal, Lovejoy, Ill.		ADDRESS	
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) MALIGNANT HYPERTENSION INTERVAL BETWEEN ONSET AND DEATH 2 WEEKS 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) SUICIDE HOMICIDE	
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?		445 X	
22. I hereby certify that I attended the deceased from 6/1, 1954 , to 4/1, 1955 , that I last saw the deceased alive on 3/31, 1955 , and that death occurred at 6:30 m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Frank Edward Woodson		23b. ADDRESS 928 N. 2nd E. St. Louis, Ill.	
23c. DATE SIGNED 4/2/55		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE April 4, 1955		24c. NAME OF CEMETERY OR CREMATORY East St. Louis, Illinois	
24d. LOCATION (City, town, or county) (State)		DATE REC'D BY LOCAL REG. APR 4 1955	
REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Marshall Funeral Home - East St. Louis, Ill.	
25. FUNERAL DIRECTOR'S ADDRESS		26. (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 *Thomas M. Johnson*.....

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. (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.