

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25762

State File No. ....

FILED AUG 29 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 151

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>Cook</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Washington</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Chicago</u>	
c. LENGTH OF STAY (in this place) <u>2 days</u>		d. STREET ADDRESS (If rural, give location) <u>113 N. Francisco</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Francis</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Willie</u>	b. (Middle)	c. (Last) <u>Scaggs</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 25 1955</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>April 6, 1904</u>	9. AGE (In years last birthday) <u>51</u>	10. UNDER 1 YEAR Months	11. UNDER 1 HR. Hours	12. UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Chef</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Walter Powers &amp; Co.</u>	11. BIRTHPLACE (State or foreign country) <u>Arkansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Ples Scaggs</u>	13b. MOTHER'S MAIDEN NAME <u>Mattie Timmons</u>	14. NAME OF HUSBAND OR WIFE <u>Unknown</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Eddie Scaggs</u>	ADDRESS <u>2419 Kansas St. house #11</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Infarct.</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) <u>Thrombosis due to injury to back &amp; pelvis.</u>		
	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"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Aug 24, 1955, to Aug 25, 1955, that I last saw the deceased alive on Aug 26, 1955, and that death occurred at 6:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>A. J. Post M.D.</u>	23b. ADDRESS <u>Washington, Md.</u>	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Aug 26, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Booker Washington</u>	24d. LOCATION (City, town, or county) (State) <u>Centerville township, Ill.</u>
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DATE REC'D BY LOCAL REG. <u>8/26/55</u>	REGISTRAR'S SIGNATURE <u>F. L. Heidmann</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Marion G. Heidmann</u>	ADDRESS <u>2114 Missouri St. St. Louis, Ill.</u>
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OCT 26 1955

SEP 14 1955

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.

Signed.....

*Ben H. Baldwin*

Signed.....

Student Embalmer

Licensed Embalmer No. *2420*

P. O. Address *721 N. 26th St*

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.