

FILED APR 2 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10484**
2750

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 2750	
1. PLACE OF DEATH a. COUNTY C				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) St. Louis		c. LENGTH OF STAY (in this place) 2 wks.		c. CITY OR TOWN East St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Peoples Hospital				e. STREET ADDRESS (If rural, give location) 1124 N. 3rd Street			
3. NAME OF DECEASED (Type or Print) a. (First) Elzy b. (Middle)			c. (Last) Brown		4. DATE OF DEATH (Month) (Day) (Year) March 15, 1956		
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Dec. 22, 1890	
9. AGE (In years last birthday) 65		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10b. KIND OF BUSINESS OR INDUSTRY Scullins Steel		11. BIRTHPLACE (City and State or Foreign Country) Aberdeen, Mississippi	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Austin Brown		13b. MOTHER'S MAIDEN NAME Delia Bance		14. NAME OF HUSBAND OR WIFE Rachael Brown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Rachael Brown 1124 N. 3rd St. East 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, asphyxia, etc. - It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes Mellitus Diabetes Mellitus ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 2 DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Acute Nephritis Acute Nephritis Hypertrophied Prostate				INTERVAL BETWEEN ONSET AND DEATH 4 mos. (Heart) 4 mos.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Hypertrophied Prostate				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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 260x			
22. I hereby certify that I attended the deceased from 2-24-56 , to 3-15-56 , that I last saw the deceased alive on 3-15-56 , and that death occurred at 5:30 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE H.A. Feingal				23b. ADDRESS 1652 Central St. Louis, Mo.			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 3/16/56		24c. NAME OF CEMETERY OR CREMATORY Booker Washington		24d. LOCATION (City, town, or county) (State) Centreville Township, Ill.	
DATE REC'D BY LOCAL REG. MAR 17 1956		REGISTRAR'S SIGNATURE J. Carl Smith md		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Funeral Office 2114 Mo. Ave. East St. Louis, Ill.			

1257C

(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 *Ben H. Baldwin*.....

Licensed Embalmer No. *24*

P. O. Address *721 N. 2*

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