

THE DIVISION OF HEALTH OF THE STATE OF ILLINOIS
STANDARD CERTIFICATE OF DEATH

State File No. 2668

FILED FEB 4 1957

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 519

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 I		c. CITY OR TOWN Lovejoy	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 34 St. Mary's Inf.		e. STREET ADDRESS 32 40 N. 4th St. 8120 8	
3. NAME OF DECEASED (Type or Print) a. (First) Mary Emma Dorman b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) OF Jan. 13. 1957
5. SEX 3 Fem.	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 17, 1888
9. AGE (In years last birthday) 68		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) Lovejoy Ill.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME John H. Moore		13b. MOTHER'S MAIDEN NAME Chorlotte ?	14. NAME OF HUSBAND OR WIFE Emmitt Moore
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Emmitt Dorman 140 N. 4th St.
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral hemorrhage</i> 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.		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>None</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>None</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>None</i>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>None</i>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>None</i>	
22. I hereby certify that I attended the deceased from <i>12-19</i> , 1956 to <i>1-13</i> , 1957, that I last saw the deceased alive on <i>1-13</i> , 1957, and that death occurred at <i>1:30 P.M.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>Dorcas Williams</i> (Degree or title)		23b. ADDRESS <i>501 Madison Ave</i>	23c. DATE SIGNED <i>1-16-1957</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Jan. 19, 1957	24c. NAME OF CEMETERY OR CREMATORY Booker	24d. LOCATION (City, town, or county) (State) Washington E. St. Louis, Ill.
DATE REC'D BY LOCAL REG. JAN 17 '57	REGISTRAR'S SIGNATURE <i>R. M. C. Green</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS R. M. C. Green 1318 E. Broadway	

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 *Melvin C. Green*.....

Licensed Embalmer No. *445*.....

P. O. Address *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.