Health, Welfare Public Service

. 300
. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED APR 15 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 10303

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2863

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, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits: Yes ☒ No ☐	c. CITY OR TOWN EAST ST. LOUIS 8/20 8 — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) JEWISH 14 0 — Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 1507 GATY AVENUE 92 — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: EDITH Middle: Last: NEELY		4. DATE OF DEATH Month March Day 21 Year 1957	
5. SEX FEMALE 3	6. COLOR OR RACE NEGRO	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ / DIVORCED ☐	8. DATE OF BIRTH June 8, 1924 — 9. AGE (In years last birthday) 32 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) St. Louis, Missouri 0	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME CLYDE BRAZIER		14. MOTHER'S MAIDEN NAME DORA JONES	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Herbert Neely — Address 1507 Gaty Ave. East St. Louis, Ill.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cerebral Embolism — INTERVAL BETWEEN ONSET AND DEATH: 5 minutes

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Sub-acute - Bacterial Endocarditis 6 mo.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 430.0
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) — 20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from Jan 1957, to March 21, 1957 and last saw her/him alive on Mar. 21, 1957

Death occurred at 11 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R. H. Lungo (Degree or title) M. D.	22b. ADDRESS 4652 Maryland	22c. DATE SIGNED 3-23-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 3/25/57	23c. NAME OF CEMETERY OR CREMATORY Sunset Garden of Memory	23d. LOCATION (City, town, or county) (State) Centreville Township, Illinois
24. FUNERAL DIRECTOR Morris Affleck — ADDRESS 2114 Mo. Ave. East St. Louis, Ill.	25. DATE RECD. BY LOCAL REG. MAR 25 '57	26. REGISTRAR'S SIGNATURE J. Carl Smith MD	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

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. 26t

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