

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 24 1957

318

1003

18849

STATE FILE NUMBER

4379

Registration District No. Primary Registration District No. Registrar's No.

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY ST. C LAIR			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN EAST ST. LOUIS 8120 8 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Inf.		Length of stay in 1b 5 days		d. STREET (If outside, give location) ADDRESS 2407 Missouri Ave. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First MARY Middle LOU Last IRBY			4. DATE OF DEATH Month May Day 2 Year 1957		
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 30, 1888	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months Days Hours Mins.
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) Bullocksville, Georgia	
12. CITIZEN OF WHAT COUNTRY? USA			13. FATHER'S NAME HENRY BARNES		
14. MOTHER'S MAIDEN NAME MARY WILKS			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. Unknown			17. INFORMANT Address William Irby, 2407 Mo. Ave., E. St. Louis,		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia Myocarditis DUE TO (b) Myocarditis DUE TO (c) Nephritis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 593x			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 1-15-57		20f. CITY, TOWN, OR LOCATION 5-2-57	
21. I attended the deceased from 1/15/57 8:30 p.m. and last saw her alive on 5/2/57 Death occurred at 6:30 p.m. in On the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Edgar F. Woodson (Deedee or title)		22b. ADDRESS 930 No. 2nd St.		22c. DATE SIGNED 5/7/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 5/4/57		23c. NAME OF CEMETERY OR CREMATORY Booker Washington	
23d. LOCATION (City, town, or county) Centreville Township, Ill.		24. FUNERAL DIRECTOR Marion's Office ADDRESS 2114 Mo. Ave. East St. Louis, Ill.		25. DATE RECD. BY LOCAL REG. MAY 8 '57	
26. REGISTRAR'S SIGNATURE Carl Smith MD					

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. 26

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.