

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 causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED JUL 31 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26463
STATE FILE NUMBER
6807

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6807

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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN East St. Louis 812		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Infirmary			Length of stay in lb 3 wks	d. STREET ADDRESS 32 3907 Tudor		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Betty Poe				4. DATE OF DEATH Month Day Year July 17, 1957			
5. SEX Female 3	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Jan. 30, 1893 64	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS
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) Fayette, Alabama		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13. FATHER'S NAME Joe Wilson				14. MOTHER'S MAIDEN NAME Ann (Unknown)			
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 Kosa L. Robinson		Address 3907 Tudor E. St. Louis, Ill.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Nephritis - Hypertension 592x Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)							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.)				
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.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from July 1, 57 to July 17, 57 and last saw her alive on July 17, 57 Death occurred at 7:15 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Walter A. Young M.D. (Degree or title)				22b. ADDRESS 2357 Market Street Mo		22c. DATE SIGNED 7/20/57	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE July 18, 1957	23c. NAME OF CEMETERY OR CREMATORY Sunset Garden of Memory		23d. LOCATION (City, town, or county) Stuckey Township, Illinois		
24. FUNERAL DIRECTOR Marionette Officer			ADDRESS 3114 Mo ave East St. Louis, Ill.	25. DATE RECD. BY LOCAL REG. JUL 22 1957	26. REGISTRAR'S SIGNATURE J. Earl Smith M.D. M. J. B.		

(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 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.