

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED SEP 17 1957

34179

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8150

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: <b>Illinois</b> b. COUNTY: <b>St. Clair</b>														
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>East St. Louis 512<sup>9</sup></b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>											
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>27 Homer G. Phillips</b>			Length of stay in lb <b>5 days</b>		d. STREET ADDRESS <b>32 707 S. 11th Str</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>										
3. NAME OF DECEASED (Type or print)			First <b>Hattie</b>		Middle <b>Pearl</b>		Last <b>Stallings</b>		4. DATE OF DEATH		Month <b>8</b>		Day <b>29</b>		Year <b>57</b>		
5. SEX <b>3</b> <b>Female</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>June 12, 1956</b>		9. AGE (In years last birthday) <b>1</b>		IF UNDER 1 YEAR		IF UNDER 24 HRS.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Child</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (City and state or country) <b>St. Louis, Missouri</b>				12. CITIZEN OF WHAT COUNTRY? <b>USA</b>									
13. FATHER'S NAME <b>JIMMIE LEE STALLINGS</b>				14. MOTHER'S MAIDEN NAME <b>MATTIE PATTERSON</b>													
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT <b>Jimmie Stallings</b>		Address <b>707 S. 11th E. St. Louis, Ill.</b>										
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Thrombosis</b>										INTERVAL BETWEEN ONSET AND DEATH <b>undet.</b>							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ <b>754.3</b>																	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>Patent Foramen Ovale</b>										19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
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 _____ a. m. _____ p. m. _____																	
20d. INJURY OCCURRED WHILE AT <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 <b>8-26-57</b> to <b>8-29-57</b> and last saw her <del>xxx</del> <b>live</b> on <b>8-29-57</b> Death occurred at <b>4:45</b> A <b>m</b> on the date stated above; and to the best of my knowledge, from the causes stated.																	
22a. SIGNATURE <b>Jack J. White</b> (Degree or title)				22b. ADDRESS <b>2601 Whittier Street</b>				22c. DATE SIGNED <b>8-31-57</b>									
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>8/30/57</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Booker Washington</b>			23d. LOCATION (City, town, or county) (State) <b>Centreville Twnshp, Ill.</b>										
24. FUNERAL DIRECTOR <b>Monroe Office</b> ADDRESS <b>2114 Mo. Ave. St. Louis, Ill.</b>				25. DATE RECD. BY LOCAL REG. <b>SEP 3 57</b>		26. REGISTRAR'S SIGNATURE <b>Carl Smith M.D.</b> <i>m.s.</i>											

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. *248*

P. O. Address *721 N. 26*

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.

ISSUED