

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37275
STATE FILE NUMBER
10255
Registrar's No

FILED NOV 8 1957

Registration District No. 318 Primary Registration District No. 1003

S. 300
v. 1-57

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, MISSOURI		c. CITY OR TOWN Centreville Township	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL BARNES HOSPITAL		d. STREET ADDRESS 5704 Church Lane	
3. NAME OF DECEASED (Type or print) First Middle Last NAILOR JERRY CASH		4. DATE OF DEATH OCT. 31, 1957	
5. SEX Male	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 July 4, 1904
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Confectionery Operator		10b. KIND OF BUSINESS OR INDUSTRY Confectionery	11. BIRTHPLACE (City and state or country) Baton Rouge, Louisiana
13a. FATHER'S NAME ALEX CASH		13b. MOTHER'S MAIDEN NAME NANCY (Unknown)	14. NAME OF HUSBAND OR WIFE Hattie Mae Cash
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. 493-20-7842	17. INFORMANT Hattie M. Cash Address 5704 Church Lane East 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) CARCINOMA OF LIVER			INTERVAL BETWEEN ONSET AND DEATH 6-8 MONTHS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			156.1
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) DUODENAL ULCER WITH HEMORRHAGE 4-6 MONTHS			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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 <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 SEPT. 30, 1957 to OCT. 31, 1957 and last saw her alive on OCT. 31, 1957 Death occurred at 3:45 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) F.R. Bradley		22b. ADDRESS Barnes Hospital St. Louis, Missouri	
		22c. DATE SIGNED 10/31/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 10/31/57	
		23c. NAME OF CEMETERY OR CREMATORY Booker Washington	
		23d. LOCATION (City, town, or county) (State) Centreville Township, Ill.	
24. GENERAL DIRECTOR Marion D. Officer		25. DATE RECD. BY LOCAL REG. OCT 31 1957	
		26. REGISTRAR'S SIGNATURE Earl Smith MD	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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.

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. *2420*.....

P. O. Address *721 N. 26th*.....

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.