

Health,
Welfare
Public
Service

FILED JAN 22 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3001

STATE FILE NUMBER

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

272

300
1-57

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 <u>Illinois</u> b. COUNTY <u>St. Clair</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Centreville Township</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Mary's Inf.</u>		Length of stay in 1b <u>2 weeks</u>	d. STREET ADDRESS (If outside, give location) <u>438 S. 40th Street</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>MARY</u> Middle <u>LEE</u> Last <u>HARDIN</u>			4. DATE OF DEATH Month <u>Jan.</u> Day <u>6</u> Year <u>1958</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>May 6, 1912</u>		9. AGE (In years last birthday) <u>45</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and state or country) <u>Shannon, Mississippi</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>SAM WARE</u>		13b. MOTHER'S MAIDEN NAME <u>IDA RHODES</u>		14. NAME OF HUSBAND OR WIFE <u>RUFUS HARDIN</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT <u>Rufus Hardin</u> Address <u>438 S. 40th St. E. St. Louis, Ill.</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary of Heart Group #4</u> DUE TO (b) <u>Necrosis of Pelvic Organ</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>174X</u>					INTERVAL BETWEEN ONSET AND DEATH <u>6 mo</u>
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 <u>1/6/58</u> to <u>1/6/58</u> and last saw her alive on <u>1/6/58</u> Death occurred at <u>1:30 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Edgar F. Jordan</u>			22b. ADDRESS <u>930 N 20th St</u>		22c. DATE SIGNED <u>1/6/58</u>
23a. BURIAL, CREMATION, RENOVAL (Specify) <u>REMOVAL</u>		23b. DATE <u>1/7/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Sunset Garden of Memory</u>		23d. LOCATION (City, town, or county) (State) <u>Stookey Township, Illinois</u>
24. FUNERAL DIRECTOR <u>Marion Office</u>		ADDRESS <u>214 Mo. Ave. East St. Louis, Ill.</u>		25. DATE RECD. BY LOCAL REG. <u>JAN 9 '58</u>	26. REGISTRAR'S SIGNATURE <u>Carl Smith Mo</u>

(Licensed Embalmer's Statement on Reverse Side)

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 *Frank Proloff*

Licensed Embalmer No. *4356*

P. O. Address *St. Louis Mo*

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.