

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019518

STATE FILE NUMBER

4518

FILED MAY 26 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

300
1-570

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 Lovejoy ⁸¹²⁰⁵
c. FULL NAME OF (If NOT in hospital give location) HOSPITAL OR INSTITUTION St. Mary's Infirmary		Length of stay in lb 12 days	d. STREET ADDRESS (If outside, give location) 715 Washington

3. NAME OF DECEASED (Type or print) First Middle Last ANDERSON BRANCH			4. DATE OF DEATH Month Day Year April 24, 1958	
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5. SEX Male	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 July 15, 1884	9. AGE (In years birthday) 73	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Laborer	10b. KIND OF BUSINESS OR INDUSTRY Steel Foundry	11. BIRTHPLACE (City and state or country) Vicksburg, Miss.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Anderson Branch	13b. MOTHER'S MAIDEN NAME Mary Little	14. NAME OF HUSBAND OR WIFE *****
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT 816-W, Pine St. Pauline Skinner-Vicksburg, Miss.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Paraschymotus nephritis		INTERVAL BETWEEN ONSET AND DEATH 1 mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) 591X	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)
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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
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21. I attended the deceased from April 1-1958 , to April 23 and last saw her alive on April 23-1958 Death occurred at 11:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) D. Earle Killerman	22b. ADDRESS 501 North St. Lovejoy, Ill.	22c. DATE SIGNED 4/25/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE April 12, 58	23c. NAME OF CEMETERY OR CREMATORY Booker Washington Cem.	23d. LOCATION (City, town, or county) (State) East St. Louis, Ill.
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24. FUNERAL DIRECTOR Marshall Funeral Home-E. St. Louis, Ill.	25. DATE RECD. BY LOCAL REG. APR 26 '58	26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D.
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(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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Thomas M. Blahut*

Licensed Embalmer No. 4489

P. O. Address East St., Louis,

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.