

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

58-037764
 State File No.

FILED OCT 23 1958

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9764

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		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, write RURAL and give township) <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>East St. Louis</u> <u>8130</u>	
c. LENGTH OF STAY (in this place) <u>4 Days</u>		d. STREET ADDRESS (If rural, give location) <u>32. 1332 Tudor Avenue</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>34 St. Mary's INF.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>IDELLA</u> b. (Middle) <u>FIRSTLIST</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 10 1958</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>NEGRO</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>Aug. 5, 1905</u>		9. AGE (In years last birthday) <u>53 yrs</u>		10. IF UNDER 1 YEAR: Months <u>3</u> Days <u>5</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>Domestic</u>		11. BIRTHPLACE (State or foreign country) <u>Fairfield, Ala.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Rev. Frank Penny</u>		13b. MOTHER'S MAIDEN NAME <u>Julia Penny</u>		14. NAME OF HUSBAND OR WIFE <u>Robert Firstlist</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Robert Firstlist</u>	
				ADDRESS <u>1332 Tudor Ave.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) <u>592x</u>			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES (Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.) DUE TO (b) <u>Chr. Nephritis</u> DUE TO (c) <u>Chyloperitonium</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (M.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>9/10/58</u> to <u>10/10</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>10/10</u> , 19 <u>58</u> , and that death occurred at <u>7:30 AM</u> from the causes and on the date stated above.					

23a. SIGNATURE <u>Edw. F. Anderson MD.</u>		23b. ADDRESS <u>930 N 2nd St St. Louis</u>		23c. DATE SIGNED <u>10/12/58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Oct. 15, 1958</u>		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY <u>Booker Washington</u>	
				24d. LOCATION (City, town, or county) (State) <u>E. St. Louis, Ill.</u>	

DATE REC'D BY LOCAL REG. <u>OCT 14 58</u>		REGISTRAR'S SIGNATURE <u>Paul Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>P. J. Crigler</u>	
				ADDRESS <u>1036 Tudor Ave E. St. Louis</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1335 Tubers Ave. Robert First list
 C. S. H. 24
 Mrs. J. H. R. 23rd St
 Oct 1st 1928
 1335 Tubers Ave.
 Robert First list
 C. S. H. 24
 Mrs. J. H. R. 23rd St
 Oct 1st 1928
 1335 Tubers Ave.

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

P. J. Crigger

Signed.....

Student Embalmer

Mrs. Embalm

Licensed Embalmer No.

3346

P. O. Address

6 St Louis Ill

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, this body is not embalmed, fact should be so stated above.