

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045960

STATE FILE NUMBER

FILED JAN 6 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12149

300
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		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN East St. Louis ⁸¹²⁰ 8
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 19 Peoples Hospital		Length of stay in 1b 3 weeks	d. STREET ADDRESS (If outside, give location) 32 716 Market Street
3. NAME OF DECEASED (Type or print) First DAISY Middle Last LAWRENCE		4. DATE OF DEATH Month December Day 13 Year 1958	
5. SEX Female ³	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 March 3, 1910
9. AGE (In years last birthday) 48		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and state or country) Jackson, Tennessee
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME JOHN WHITE	
13b. MOTHER'S MAIDEN NAME SUSIE MILLER		14. NAME OF HUSBAND OR WIFE Bluitt Lawrence	
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. Unknown	
17. INFORMANT Elizabeth Gillespie		Address 716 Market St. E. 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) Tremoray Edema Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Bronchopneumonia DUE TO (c) 491X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 1 day 7 days
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.)		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 Sept 10, 1958 to Dec 15, 1958 and last saw her alive on 12/15/58 Death occurred at 6 p. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Arthur Mackoon MD (Degree or title)		22b. ADDRESS 1222 Ave. St. E. St. Louis, Ill.	
22c. DATE SIGNED 12/15/58		23. NAME OF CEMETERY OR CREMATORY Booker Washington	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12/17/58	
23c. LOCATION (City, town, or county) Centreville Township, Ill.		23d. (State)	
24. FUNERAL DIRECTOR Marion Office		25. DATE RECD. BY LOCAL REG. DEC 16 58	
26. REGISTRAR'S SIGNATURE J. Carl Smith MA			

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 *Kranch 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.