

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-023399

STATE FILE NUMBER

2 5466

FILED JUN 18 1959 Registration District No. _____ Primary Registration District No. _____

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		c. CITY OR TOWN E. St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Inf.		d. STREET ADDRESS 1725 Gay Avenue	
3. NAME OF DECEASED (Type or print) First Archie Middle Singer Last Singer		4. DATE OF DEATH Month 6 Day 6 Year 59	
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 9-20-1890
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborsr		10b. KIND OF BUSINESS OR INDUSTRY Retiree	9. AGE (In years last birthday) 68
11. BIRTHPLACE (City and state or country) Galveston, Texas		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME unknown		14. MOTHER'S MAIDEN NAME unknown	
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. 355-01-3528	17. INFORMANT Ella Singer Address 1725 Gay	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Dysentery Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Nephritis DUE TO (c) Acute Myocarditis			INTERVAL BETWEEN ONSET AND DEATH
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.) 4222		
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION E. St. Louis	COUNTY St. Clair
21. I attended the deceased from 6/6/59 to 6/6/59 and last saw her alive on 6/5/59 Death occurred at 6/6/59 4:45 AM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Eugene F. Woodson (Degree or title)		22b. ADDRESS 0930 N 17th	22c. DATE SIGNED JUN 8 '59
23a. BURIAL CREMATION, REMOVAL (Specify) Removal	23b. DATE 6-8-59	23c. NAME OF CEMETERY OR CREMATORY Booker Washington	23d. LOCATION (City, town, or county) (State) E. St. Louis, Illinois
24. FUNERAL DIRECTOR Mr. Donald Heath, Jr. ADDRESS 111 N 13th		25. DATE RECD. BY LOCAL REG. JUN 8 '59	26. REGISTRAR'S SIGNATURE Paul Smith, M.D.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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. Coroner cannot certify to a death due to natural causes.

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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 *M. Frances Nash*.....

Licensed Embalmer No. *442*.....

P. O. Address *111 N. 13th*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.