

FILED VS JUL 29 1959

Registration District No. _____ Primary Registration District No. _____ Registrar No. **6434**

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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

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, Missouri		c. CITY OR TOWN East St. Louis	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Peoples Hospital		d. STREET ADDRESS (If outside, give location) 1628 Cleveland Ave.	
Length of stay in lb 2 Days		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last MARGARET HOLT JONES			4. DATE OF DEATH Month Day Year July 5, 1959
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 22, 1942
9. AGE (In years last birthday) 16	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Elevator Operator		10b. KIND OF BUSINESS OR INDUSTRY Murphy Building	11. BIRTHPLACE (City and state or country) Bolivar, Tennessee
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Robert Holt	
13b. MOTHER'S MAIDEN NAME Cora Nelson		14. NAME OF HUSBAND OR WIFE None	
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 Mrs. Cora Jones, 1628 Cleveland Avenue,		Address 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) Traumatic Shock. Contrib. - Multiple fractured ribs Fractures of Pelvis. DUE TO (b) 825.4 DUE TO (c) 33 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) suffered in auto accident.			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT SUICIDE HOMICIDE Accident		20b. DESCRIBE HOW INJURY OCCURRED (Refer to item 18 in PART I or PART II (a) if in item 18.) about 330 p.m. July 4, 1959. Cause and nature of same could not be determined.	
20c. TIME OF INJURY 330 p.m. 7 4 59		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 7¹⁵ Hwy. Farmant City Ill	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE Farmant City Ill	
21. I attended the deceased from _____ and last saw her/him alive on _____ Death occurred at 1100 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Raymond Jones, M.D.		22b. ADDRESS 1300 Clair	
22c. DATE SIGNED 7/8/59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7/13/59	
23c. NAME OF CEMETERY OR CREMATORY Booker Washington		23d. LOCATION (City, town, or county) (State) Centreville Township, Ill.	
24. FUNERAL DIRECTOR Marion's Office		25. DATE RECD. BY LOCAL REG. JUL 8 '59	
ADDRESS 2114 Missouri Ave. E. St. Louis, Ill.		26. REGISTRAR'S SIGNATURE Earl Smith, M.D.	

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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 *Frank Quakoff*

Licensed Embalmer No. *4356*

P. O. Address *Shawnee, 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.