

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

2 7590 59-030544
 REGISTRAR'S NO. STATE FILE NUMBER

FILED VS. AUG 28 1959
 REGISTRATION DISTRICT NO.

Primary Registration District No. Registrar's No.

INDEXED

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|--|---|---|--|--|--|--|
| 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 | | Length of stay in 1b 2 weeks | c. CITY OR TOWN East St. Louis | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Infirmary | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 2430 1/2 Missouri Ave. | | |
| 3. NAME OF DECEASED (Type or print) First CORA Middle LEE Last KIRKWOOD | | | 4. DATE OF DEATH Month August Day 11 , Year 1959 | | | |
| 5. SEX Female | 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 7/8/1907 | 9. AGE (last birthday) 52 | IF UNDER 1 YEAR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY None | 11. BIRTHPLACE (City and state or country) Jackson, Tennessee | | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13a. FATHER'S NAME JAMES LOCKETT | | 13b. MOTHER'S MAIDEN NAME PATSY (UNKNOWN) | | 14. NAME OF HUSBAND OR WIFE DECEASED. | | |
| 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 Address Amanda Hurvey, Humbolt, Tennessee | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARDIAC DECOMPENSATION! Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) MYOCARDIAL INFARCTION! | | | | | INTERVAL BETWEEN ONSET AND DEATH 1 MONTH | |
| 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. Month, Day, Year | 20d. INJURY OCCURRED WHILE AT WORK <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 August 1, 1959 to August 11, 1959 and last saw her/him alive on August 11, 1959 . Death occurred at 10 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | |
| 22a. SIGNATURE (Degree or title) Frank E. Woodson, M.D. | | | 22b. ADDRESS 928 N. SECOND ST. | | 22c. DATE SIGNED 8/14/59 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 8/16/59 | 23c. NAME OF CEMETERY OR CREMATORY Booker Washington | | 23d. LOCATION (City, town, or county) (State) Centreville Township, Illinois | | |
| 24. FUNERAL DIRECTOR Marion Office | | ADDRESS 2114 Mo. Ave., E. St. Louis, Ill. | 25. DATE RECD. BY LOCAL REG. AUG 15 59 | | 26. REGISTRAR'S SIGNATURE Paul Smith, M.D. | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

(H 7)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Frank Peako pf

Licensed Embalmer No. 4356

P. O. Address. St. Louis

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