DURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-041661

STATE FILE NUMBER

FILED VS NOV 20 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 210499

MENDED

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 1 Wk, 4 Days

c. CITY OR TOWN East St. Louis — Inside Limits Yes [X] No [ ]

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Peoples Hospital — Inside Limits Yes [X] No [ ]

d. STREET ADDRESS (If outside, give location) 2215-A Kansas Avenue — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First VICTORIA Middle Last CARTER

4. DATE OF DEATH Month November Day 13, Year 1959

5. SEX Female

6. COLOR OR RACE Negro

7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]

8. DATE OF BIRTH 3/31/1910

9. AGE (last birthday) 49 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR 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) Henderson, Kentucky

12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME ELIJAH BULLOCK

13b. MOTHER'S MAIDEN NAME DELIA BENNETT

14. NAME OF HUSBAND OR WIFE DECEASED

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT Geneva Johnson, 2215-A Kansas Ave. Address E. St. Louis

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cremia

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Nephritis – Hypertension

DUE TO (c) 593x

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)

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [X] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

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 [ ] NOT WHILE AT WORK [ ]

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 11/8/59, to 11/13/59 and last saw her/him alive on _____

Death occurred at 11/13/59 4p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Edgar F Wordsworth M.D.

22b. ADDRESS 930 N 2 WS A

22c. DATE SIGNED 11/13/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 11/13/59

23c. NAME OF CEMETERY OR CREMATORY Booker Washington

23d. LOCATION (City, town, or county) (State) Centreville Township, Illinois

24. FUNERAL DIRECTOR Marion Officer — ADDRESS 2114 Missouri Ave. E. St. Louis, Ill.

25. DATE RECD. BY LOCAL REG. NOV 14 1959

26. REGISTRAR'S SIGNATURE Earl Smith. M.D.

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

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_____ Signed Frank Pronoff

Signature of Student Embalmer

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 comp 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.