pt. Health,
., & Welfare
S. Public
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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

FILED VS FEB 24 1960

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

[redacted]

STATE FILE NUMBER

Registration District No. ..... Primary Registration District No. 2 1346 60-008918

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Louis — Inside Limits Yes ☑ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St Mary's Infirmary — Length of stay in 1b 4 Weeks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Illinois — b. COUNTY St. Clair

c. CITY OR TOWN East St. Louis — Inside Limits Yes ☑ No ☐

d. STREET ADDRESS (If outside, give location) 4721 Tudor Ave. — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First Middle Last: ESTELLA WILMA STEPHENS

4. DATE OF DEATH Month Day Year: FEB. 3 1960

5. SEX 3: FEMALE

6. COLOR OR RACE: NEGRO

7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: March 21, 1898

9. AGE (In years last birthday): 60 Yrs. — IF UNDER 1 YEAR Months 10 Days 12 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country): Columbus, Mississippi 1

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

13a. FATHER'S NAME: William Price

13b. MOTHER'S MAIDEN NAME: Elizah Holiness

14. NAME OF HUSBAND OR WIFE: Albert Stephens

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.

17. INFORMANT: Letaska Stephens — Address: 4721 Tudor Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Chronic Nephritis — INTERVAL BETWEEN ONSET AND DEATH: 3 Months

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 592x

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 ☐ NO ☒ 2

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 October, 59, to February 3, 1960 and last saw her/him alive on February 3, 1960
Death occurred at 11:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] Stanley C. Woodson, Jr. [signature]

22b. ADDRESS: 928 North 2nd St., E. St. Louis, Ill.

22c. DATE SIGNED: 2/4/60

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE: 2-5-60

23c. NAME OF CEMETERY OR CREMATORY: E. St. Louis Ill.

23d. LOCATION (City, town, or county) (State): East St. Louis Illinois

24. FUNERAL DIRECTOR: P. Q. Criggler — ADDRESS: 1036 Tudor Ave. E. St. Louis, Ill.

25. DATE RECD. BY LOCAL REG.: FEB 5 1960

26. REGISTRAR'S SIGNATURE: Carl Smith, M.D. S.P.

FUNERAL HOME

(Licensed Embalmer's Statement on Reverse Side)

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 P. L. Crippen

Not Embalmer

Licensed Embalmer No. 3346

P. O. Address 1036 Taylor ave
E. St Louis Ill

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.