

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-024482

FILED VS. JUN 27 1960

318

Primary Registration District No. 1003

Registrar's No. 5918

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Illinois</i> b. COUNTY <i>St. Clair</i>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis, Mo.</i>		Length of stay in 1b <i>4 days</i>		c. CITY OR TOWN <i>East St. Louis</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Community Hospital</i>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <i>1718 Market Ave.</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <i>Steve</i> Middle <i>S.</i> Last <i>Eskridge</i>				4. DATE OF DEATH Month <i>June</i> Day <i>7</i> Year <i>60</i>					
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Negro</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>Aug 27 1875</i>	9. AGE (last birthday) <i>74</i>	IF UNDER 1 YEAR Months <i>9</i> Days <i>11</i>	IF UNDER 24 HR Hours <i>11</i> Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>labor</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>American Steel</i>		11. BIRTHPLACE (City and state or country) <i>Sumprill Ala.</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>		
13a. FATHER'S NAME <i>Joe Eskridge</i>			13b. MOTHER'S MAIDEN NAME <i>Unknown</i>		14. NAME OF HUSBAND OR WIFE <i>Mattie Eskridge</i>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>			16. SOCIAL SECURITY NO. <i>335-10-6138</i>		17. INFORMANT <i>Mattie Eskridge</i> Address <i>1718 Market St. St. Louis</i>				
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: PART I. IMMEDIATE CAUSE (a) <i>Cerebral Vascular Thrombosis</i> DUE TO (b) DUE TO (c) 332x 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown									
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 <i>1:30</i> a.m. <i>p.m.</i> Month, Day, Year <i>June 3, 1960</i>	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 <i>East St. Louis</i>		COUNTY <i>St. Clair</i> STATE <i>Illinois</i>		
21. I attended the deceased from <i>June 3, 1960</i> to <i>June 7, 1960</i> and last saw her alive on <i>June 7, 1960</i> Death occurred at <i>1:30 P.M.</i> m on the date stated above, and to the best of my knowledge, from the causes stated.				22a. SIGNATURE (Degree or title) <i>Edward M.D.</i>				22b. ADDRESS <i>5593 Green W</i>	
22c. DATE SIGNED <i>6-9-60</i>	23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>6-9-60</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Booker Washington Cem.</i>		23d. LOCATION (City, town, or county) (State) <i>East St. Louis, Illinois</i>		23e. REGISTRAR'S SIGNATURE <i>Loan Smith, M.D.</i>		
24. FUNERAL DIRECTOR <i>P. J. Cigler</i>			ADDRESS <i>1036 Inter Ave.</i>		25. DATE RECD. BY LOCAL REG. <i>JUN 9 1960</i>		26. REGISTRAR'S SIGNATURE		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 P. J. Criggler

Not Embalmed

Licensed Embalmer No. 3346

P.O. Address 1036 Taylor
6 St Louis Ill.

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