

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 15 1960

-60-032578

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8873-60-032578 STATE FILE NUMBER

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| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>St. Clair</u> | |
| b. CITY (If outside/corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u> | | Length of stay in 1b <u>8 days</u> | c. CITY OR TOWN <u>East St. Louis</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>People's Hospital</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>123 Exchange</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) <u>ANNIE</u> First | <u>Martin</u> Middle | <u></u> Last | 4. DATE OF DEATH Month <u>9</u> Day <u>6</u> Year <u>1960</u> |
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| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>negro</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>2-22-1895</u> | 9. AGE (last birthday) <u>65</u> | IF UNDER 1 YEAR Months <u>6</u> Days <u>13</u> Hours <u>30</u> | IF UNDER 24 HR Min. <u></u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>domestic</u> | 11. BIRTHPLACE (City and state or country) <u>West Point, miss</u> | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>UNKNOWN</u> | 13b. MOTHER'S MAIDEN NAME <u>Manda Long</u> | 14. NAME OF HUSBAND OR WIFE <u>Amos Martin</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT <u>Amos Martin</u> Address <u>123 Exchange Ave. St. Louis</u> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarct</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>4 hr</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) <u>Hypertension</u> | <u>6 yrs</u> |
| | DUE TO (c) <u>Arteriosclerosis</u> | <u>10 yr</u> |

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| 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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 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.) |
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| 20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u> | Month, Day, Year <u></u> |
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| 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 16, 1960 to Sept. 6, 1960 and last saw her/him alive on Sept. 6, 1960
Death occurred at 3:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE <u>John S. Riley (Degree or title)</u> <u>John S. Riley, Jr. M.D.</u> | 22b. ADDRESS <u>Lovejoy, Illinois</u> | 22c. DATE SIGNED <u>9/8/60</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u></u> | 23b. DATE <u>9-7-1960</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>East St. Louis</u> | 23d. LOCATION (City, town, or county) <u>East St. Louis, Illinois</u> (State) |
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| 24. FUNERAL DIRECTOR <u>P. J. Crissler</u> ADDRESS <u>1036 Ind. ave.</u> | 25. DATE RECD. BY LOCAL REG. <u>SEP 9 1960</u> | 26. REGISTRAR'S SIGNATURE <u>Earl Smith, M.D.</u> |
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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. D. Crigger

not emb

Licensed Embalmer No. 3346

P. O. Address 1036 Taylor
St Louis Ill

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