RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS NOV 23 1960 318 1003 11008 -60-043560

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11008 STATE FILE NUMBER

NDED

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in 1b: 9 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Peoples Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Illinois b. COUNTY: Madison
c. CITY OR TOWN: Venice — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 154 Viola Jones Apts. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First THOMAS Middle Last ESTERS
4. DATE OF DEATH: Month Nov Day 11 Year 1960
5. SEX: Male
6. COLOR OR RACE: Negro
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 11/27/76
9. AGE (last birthday): 83
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): Retired Laborer
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (City and state or country): Cape County, Miss.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Monroe Esters
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Mary Esters
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.: 335-03-8001
17. INFORMANT: Mary Esters — Address: 154 V. Jones Apts, Venice, Ill.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Uremia	10 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Chronic Glomerulonephritis	2 yrs
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)

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

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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 11/2/60, to 11/11/60 and last saw her/him alive on 11/11/60
Death occurred at 3:05 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John S. Riley (Degree or title) M.D.
22b. ADDRESS: Lovejoy, Illinois
22c. DATE SIGNED: 11/14/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 11/15/60
23c. NAME OF CEMETERY OR CREMATORY: Booker Washington Cem.
23d. LOCATION (City, town, or county) (State): East St. Louis, Illinois

24. FUNERAL DIRECTOR: Marshall Funeral Home — ADDRESS: E.St. Louis, Ill.
25. DATE RECD. BY LOCAL REG.: NOV 15 1960
26. REGISTRAR'S SIGNATURE: Lead Smith M.D.

DOCUMENT

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_____ Signed Thomas M. Dobs

Signature of Student Embalmer

Licensed Embalmer No. 4479

P. O. Address East St. Louis,

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