JRI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

JAN 16 1961

NDED

-60-047409

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12624

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b: 3days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Mary's Infirmary
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Illinois b. COUNTY: St. Clair
c. CITY OR TOWN: Lovejoy
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 702 Canal Street
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: PEARL Middle: Last: DAVIS
4. DATE OF DEATH: Month December Day 27, Year 1960
5. SEX: Female
6. COLOR OR RACE: Negro
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: May 5, 1879
9. AGE (last birthday): 81
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): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Not Employed
11. BIRTHPLACE (City and state or country): Madison, Illinois
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: CHESTER DAVIS
13b. MOTHER'S MAIDEN NAME: MARY(Unknown)
14. NAME OF HUSBAND OR WIFE: None
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: Laverne Finley Address: 706 Canal Street Lovejoy, Illinois

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)	Nyocardial Infarct	18 HRS.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Hypertension	12 yRS.
DUE TO (c)	Arteriosclerosis 420.1	15 yRS.

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 Oct. 1960, to Dec. 27, '60 and last saw her him alive on 12/27/60
Death occurred at 10:30 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: John S. Riley Jr. (Degree or title) M.D.
22b. ADDRESS: Lovejoy, Illinois
22c. DATE SIGNED: 12/29/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Dec. 31, 1960
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. East St. Louis, Ill.
25. DATE RECD. BY LOCAL REG.: DEC 31 1960
26. REGISTRAR'S SIGNATURE: Ead 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 Frank Prokopf

Signature of Student Embalmer

Licensed Embalmer No. 4356

P. O. Address 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.