

AMENDED

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2936

STATE FILE NUMBER

FILED APR 10 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

|   |  |   |  |   |  |   |  |
|---|--|---|--|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)   |  |   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>St. Louis, Missouri</u>   |  |   |  | Length of stay in 1b<br><u>1 week</u>   |  | c. CITY OR TOWN <u>East St. Louis</u>   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>St. Mary's Infirmary</u>  |  |   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  | d. STREET ADDRESS (If outside, give location)<br><u>1008 South 16th St.</u>   |  |
| 3. NAME OF DECEASED (Type or print)<br>First <u>ADELINE</u> Middle <u>WITHERSPOON</u> Last  |  |   |  | 4. DATE OF DEATH<br>Month <u>March</u> Day <u>24</u> Year <u>1961</u>   |  |   |  |
| 5. SEX<br><u>Female</u>   |  | 6. COLOR OR RACE<br><u>Negro</u>  |  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><u>9/4/80</u>   |  |
| 9. AGE (last birthday)<br><u>80</u>   |  | IF UNDER 1 YEAR<br>Months _____ Days _____  |  | IF UNDER 24 HR<br>Hours _____ Min. _____  |  | 12. CITIZEN OF WHAT COUNTRY<br><u>U. S. A.</u>  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>   |  |   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>None</u>  |  | 11. BIRTHPLACE (City and state or country)<br><u>Boliver County, Tenn.</u>  |  |
| 13a. FATHER'S NAME<br><u>JACK THOMPSON</u>  |  |   |  | 13b. MOTHER'S MAIDEN NAME<br><u>ROSIE SELMAN</u>  |  | 14. NAME OF HUSBAND OR WIFE<br><u>Widowed</u>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>  |  |   |  | 16. SOCIAL SECURITY NO.<br><u>Unknown</u>   |  | 17. INFORMANT<br><u>Mattie Anderson-</u><br>Address <u>1008 S. 16th E. St. Louis, Ill.</u>  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Arteriosclerotic Heart Disease</u><br>DUE TO (b) <u>Pulmonary Atelectasis</u><br>DUE TO (c) <u>420.0</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |  |   |  |   |  |   |  |
| 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.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input 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<br>Hour _____ a.m. _____ p.m.   |  | Month, Day, Year<br><u>3/16/61</u>  |  | 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 <u>3/16/61</u> to <u>3/23/61</u> and last saw her/him alive on <u>3/23/61</u><br>Death occurred at <u>3:30 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.   |  |   |  |   |  |   |  |
| 22a. SIGNATURE<br><u>Charles [Signature]</u> (Degree or title)  |  |   |  | 22b. ADDRESS<br><u>1401 Co. H - East St. Louis, Ill.</u>  |  | 22c. DATE SIGNED<br><u>3/28/61</u>  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Removal</u>   |  | 23b. DATE<br><u>3/28/61</u>   |  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Local</u>  |  | 23d. LOCATION (City, town, or county)<br><u>Whitesville, Tennessee</u>  |  |
| 24. FUNERAL DIRECTOR<br><u>Marion [Signature]</u> ADDRESS<br><u>2114 Missouri Ave. East St. Louis, Ill.</u>   |  |   |  | 25. DATE RECD. BY LOCAL REG.<br><u>MAR 28 1961</u>  |  | 26. REGISTRAR'S SIGNATURE<br><u>Loan Smith, M.D.</u>  |  |

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 Frank Prokopff

Licensed Embalmer No. 4356

P. O. Address St. Louis, Mo.

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.