

AMENDED

FILED JUN 26 1961

DATE AMENDED

INSTEAD OF DOCUMENT

SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 7 days	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 <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Infirmary			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 707 Adams Street		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First MARTHA Middle JACKSON Last JACKSON					4. DATE OF DEATH Month June Day 10 Year 1961			
5. SEX Female	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/1/1883	9. AGE (last birthday) 78	IF UNDER 1 YEAR Months 7 Days 10	IF UNDER 24 HR Hours 0 Min. 0		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (City and state or country) Mississippi		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Unknown			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [If yes, give war or dates of service] No		16. SOCIAL SECURITY NO. None		17. INFORMANT Willie F. Murray Address 815 E. 63rd St. Chicago, Illinois				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis Coronary thrombosis myocarditis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Myocarditis senility DUE TO (c) Senility							INTERVAL BETWEEN ONSET AND DEATH 4201	
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		
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 8:30 P Month, Day, Year 6-10-61		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.) 4-15-61		20f. CITY, TOWN, OR LOCATION COUNTY STATE 6-10-61		
21. I attended the deceased from 6/15/61 to 6/10/61 and last saw her 6/9/61 alive on 6/9/61 . Death occurred at 8:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Edgar F. Woodson (Type or print) Edgar F. Woodson M.D. (Degree or title)				22b. ADDRESS 1516 Broadway E. St. Louis		22c. DATE SIGNED 6/12/61		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 6/12/61	23c. NAME OF CEMETERY OR CREMATORY Booker Washington Cemetery		23d. LOCATION (City, town, or county) (State) E. St. Louis, Illinois			
24. FUNERAL DIRECTOR Marshall Funeral Home-E. St. Louis, Ill.				25. DATE RECD. BY LOCAL REG. JUN 12 1961		26. REGISTRAR'S SIGNATURE Lead Smith, M.D.		

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. 4479
working under my personal supervision.

Student _____
Signature of Student Embalmer _____

Signed Thomas M. Kluba

Licensed Embalmer No. 4479

P. O. Address East St. Louis, Ill.

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.