

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

6386 -61-026708
STATE FILE NUMBER

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

AMENDED

FILED AUG 3 1961

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY St. Clair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN E. St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Infirmary		d. STREET ADDRESS (If outside, give location) 423 North 26th St	

3. NAME OF DECEASED (Type or print) Georgia Mae (Pinkston) Crockett			4. DATE OF DEATH Month Day Year July 9, 1961		
5. SEX Female	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 7-7-1924	9. AGE (last birthday) 37	IF UNDER 1 YEAR Months 0 Days 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nurse Aide		10b. KIND OF BUSINESS OR INDUSTRY Barnes Hospital		11. BIRTHPLACE (City and state or country) E.St.Louis, Ill	
10c. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME George Pinkston		13b. MOTHER'S MAIDEN NAME Carrie Howard	

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 no		17. INFORMANT Address Chas Williams 1837 Piggott	
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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>Cardiac arrest</u>			INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) <u>Cerebral heart disease</u>			
DUE TO (c) <u>4201</u>			

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 a.m. Month, Day, Year					
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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
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21. I attended the deceased from June 5 1961 to July 9 1961 and last saw her/him alive on July 8, 1961 Death occurred at 1:50 A. m on the date stated above, and to the best of my knowledge, from the causes stated.				
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22a. SIGNATURE <i>Edna W. ...</i>	(Degree or title)	22b. ADDRESS 15 16 B ...	22c. DATE SIGNED 7/10/61
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23a. BURIAL CREMATION, REMOVAL (Specify) Removal	23b. DATE 7-10-61	23c. NAME OF CEMETERY OR CREMATORY Booker Washington	23d. LOCATION (City, town, or county) East St. Louis, Ill.,
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24. FUNERAL DIRECTOR Nash Funeral Home <i>M. James Nash</i>	ADDRESS 111 N. 13th St.	25. DATE RECD. BY LOCAL REG. JUL 10 1961	26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

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 *M. James Wash*

Licensed Embalmer No. 4434

P. O. Address 1117 13

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.