

FILED JUL 5 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20880

State File No. \_\_\_\_\_

5370

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Illinois</b> b. COUNTY <b>St. Clair</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Missouri</b>		c. LENGTH OF STAY (In this place) <b>1 day</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>E. St. Louis</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>S. Mary's Infirmary</b>				d. STREET ADDRESS (If rural, give location) <b>110 N. 5th Street</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Effie</b> b. (Middle) _____ c. (Last) <b>Clark</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 17, 1949</b>				
5. SEX <b>Female</b>		6. COLOR OR RACE <b>Col.</b>		7. MARRIED/NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>divorced</b>		8. DATE OF BIRTH <b>October 15, 1900</b>	
9. AGE (In years last birthday) <b>48</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At home</b>		11. BIRTHPLACE (State or foreign country) <b>Phoebe, Mississippi</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Wesley Foster</b>		13b. MOTHER'S MAIDEN NAME <b>Celie Catiron</b>		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) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>R. W. Kenney 110 N. 5</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypertensive Cordis Vasculorum Disease</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>935</b>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <b>4 22</b>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <b>6-14, 1949</b> to <b>6-17, 1949</b> , that I last saw the deceased alive on <b>6-17, 1949</b> , and that death occurred at <b>6:15 a. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>R. W. Kenney M.D.</b>				23b. ADDRESS <b>15<sup>th</sup> N Main, E. St. Louis, Ill.</b>		23c. DATE SIGNED <b>6-20-49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>6-21-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Booker Washington</b>		24d. LOCATION (City, town, or county) (State) <b>E. St. Louis Illinois</b>	
DATE REC'D BY LOCAL HEALTH DEPT. <b>JUN 21 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. Lassiter</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>C. J. Wash</b>		ADDRESS <b>3847 Page</b>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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. 286

working under my personal supervision.

Student Clarence Croome  
Student Embalmer

Signed C. J. Nash

Licensed Embalmer No. 2432

P. O. Address 847 Page

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 this body is not embalmed, fact should be so stated above.

*[Handwritten signature]*

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