

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5160

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis 0</u>		a. STATE <u>Illinois</u> b. COUNTY <u>St Clair</u>	
c. LENGTH OF STAY (in this place) <u>3 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>East St. Louis 11</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Thredoux SHAW INC</u>		d. STREET ADDRESS (If rural, give location) <u>2205 Gaty Ave, 2</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>James</u>	b. (Middle) <u>EBELL</u>	c. (Last) <u>ORT</u>	(Month) <u>June</u>	(Day) <u>11</u>	(Year) <u>49</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED - NEVER MARRIED, WIDOWED - DIVORCED (Specify)	8. DATE OF BIRTH <u>4-17-17</u>	9. AGE (In years last birthday) <u>32</u>	10 UNDER 1 YEAR Months	11 UNDER 24 HRS Hours	12 UNDER 24 HRS Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>La Bor</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Packing House Lawrence, Co, Miss</u>	11. BIRTHPLACE (State or foreign country)	12. CITIZENSHIP OF WHAT COUNTRY? <u>America</u>
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13a. FATHER'S NAME <u>Jimmie Lee-Ort</u>	13b. MOTHER'S MAIDEN NAME <u>Mattie Smith</u>	14. NAME OF HUSBAND OR WIFE <u>Willie Mae Ort</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>426-16-3109</u>	17. INFORMANT'S SIGNATURE OR NAME	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Heart Disease</u>		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
		<u>9300</u>

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>HIT BY CAR</u>
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22. I hereby certify that I attended the deceased from 6-5, 1949 to 6-11, 1949 that I last saw the deceased alive on 6-10, 1949, and that death occurred at 11:20 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>[Signature]</u>	23b. ADDRESS <u>1110 Jefferson St. St. Louis Mo</u>	23c. DATE SIGNED <u>6-14-49</u>
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24a. BURIAL CREMATION-REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-14-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Booker Washington</u>	24d. LOCATION (City, town, or county) (State) <u>Centerville IL</u>
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DATE REC'D BY LOCAL REG. <u>JUN 14 1949</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>[Address]</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

nil

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 _____

working under my personal supervision.

Student Embalmer No. _____

Signed _____

Signed
Student Embalmer

Licensed Embalmer No. *3518*

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