

STANDARD CERTIFICATE OF DEATH

State File No. **11138**

518

1003

Registrar's No. **2569**

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

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, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) East St. Louis	
c. LENGTH OF STAY (in this place) 2 days		d. STREET ADDRESS (If rural, give location) 823 Valentine Street	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Mary's Infirmary			

3. NAME OF DECEASED (Type or Print) a. (First) Rosie b. (Middle) Lee c. (Last) Stepney	4. DATE OF DEATH (Month) (Day) (Year) March 15 1950
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5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1 April 1916	9. AGE (In years last birthday) 33	IF UNDER 1 YEAR Months 11 Days 16	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Hennings, Tennessee		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Will Campbell	13b. MOTHER'S MAIDEN NAME Rosie Pearson	14. NAME OF HUSBAND OR WIFE Fred. Stepney
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME F. Stepney	ADDRESS 823 Valentine
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Prolonged labor & hemorrhage DUE TO (c) Iron-wire arrest.		
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) 67416
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **3/15 1950**, to **3/15 1950**, that I last saw the deceased alive on **3/15 1950** and that death occurred at **4:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) William T. Guenon D.	23b. ADDRESS 1228 Piggott	23c. DATE SIGNED 3/17/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 19 Mar 50	24c. NAME OF CEMETERY OR CREMATORY Douglas Cemetery	24d. LOCATION (City, town, or county) (State) East St. Louis, Ill.
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DATE REC'D BY LOCAL MAR 17 1950	REGISTRAR'S SIGNATURE A. B. Sasser	25. FUNERAL DIRECTOR'S SIGNATURE A. H. O'Brien	ADDRESS 2114 Mo. Ave.
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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 Me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Ben H. Baldwin

Licensed Embalmer No. 2420

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.