

FILED FEB 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1067

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

1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>		2. USUAL RESIDENCE (Where deceased lived. If (State or) residence before death.) a. STATE <i>Illinois</i> b. COUNTY <i>St. Clair</i>	
b. CITY OR TOWN <i>St. Louis</i>		c. CITY OR TOWN <i>East St. Louis - 8120</i>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <i>St. Louis - 15th Papen</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Mary's Infirmary</i>			

3. NAME OF DECEASED (First) <i>William</i> (Middle) <i>J</i> (Last) <i>Tabbs</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>2-2-1951</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>negro</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>M</i>	8. DATE OF BIRTH <i>Nov. 28-1904-76</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life (even if retired))		10b. KIND OF BUSINESS OR INDUSTRY <i>laborer</i>	11. BIRTHPLACE (State or (and) country) <i>Int. Water - Miss.</i>
12. CITIZEN OF WHAT COUNTRY? <i>Y</i>			

13a. FATHER'S NAME <i>Josh - Tabbs</i>	13b. MOTHER'S MAIDEN NAME <i>Susan - Antum</i>	14. NAME OF HUSBAND OR WIFE <i>Mary Tabbs</i>
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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)	16. SOCIAL SECURITY NO. <i>324-14-4740</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Mary Tabbs</i> ADDRESS <i>2612 Cleveland</i>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>lobar Pneumonia</i>		INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Silicosis</i>		
	DUE TO (c) <i>Aortitis</i>		
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 checked="" type="checkbox"/> NO <input 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) <i>St. Louis MO</i>
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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? <i>490XG</i>
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22. I hereby certify that I attended the deceased from *1/31/51*, 19*51*, to *2/1*, 19*51*, that I last saw the deceased alive on *2/2*, 19*51*, and that death occurred at *1:15* p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Chas. R. Frazier, Jr. M.D. O</i>	23b. ADDRESS <i>1414 Kansas, E. St. Louis, Mo.</i>	23c. DATE SIGNED <i>2-2-51</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>1</i>	24b. DATE <i>2-4-51</i>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <i>St. Clair - Mo. R.A.</i>
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DATE REC'D BY LOCAL REG. <i>FEB 2 1951</i>	REGISTRAR'S SIGNATURE <i>J. B. Lassiter</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Mrs. A. N. O'Brien 2114 Mo. Ave.</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 2 1971

Entirely embalmed by [Signature]

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
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.