

STANDARD CERTIFICATE OF DEATH

29226

State File No.

FILED SEP 3- 1952

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 7799

1. PLACE OF DEATH a. COUNTY 0		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY St. Clair 8/20	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 24 days	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN East St. Louis 8		d. STREET ADDRESS (If rural, give location) 1515 South 19th Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Infirmary			
3. NAME OF DECEASED a. (First) Mattie		b. (Middle) Beacham	
c. (Last) Beacham		4. DATE OF DEATH (Month) (Day) (Year) 8-13-52	
5. SEX Female 3		6. COLOR OR RACE Negro	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1		8. DATE OF BIRTH June 6, 1885	
9. AGE (In years last birthday) 67		10. IF UNDER 1 YEAR Days 2	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		12. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) Wesson, Mississippi 1		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Harrison Woodland		13b. MOTHER'S MAIDEN NAME	
14. NAME OF HUSBAND OR WIFE Elijah Beacham			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME E. L. Walker		ADDRESS 1515 South 19th	
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) Pulmonary Edema INTERVAL BETWEEN ONSET AND DEATH Anterior subcoracoid Heart Dissection DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)			
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 4200			
22. I hereby certify that I attended the deceased from 7-1, 1952, to 8/13, 1952, that I last saw the deceased alive on 8/13, 1952, and that death occurred at 1:15 P.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) C. Macdonald, M.D.		23b. ADDRESS 1324 McAdams St. E. St. Louis	
23c. DATE SIGNED 8/14/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8-16-52	
24c. NAME OF CEMETERY OR CREMATORY Booker Washington		24d. LOCATION (City, town, or county) (State) E. St. Louis, Illinois	
DATE RECD BY LOCAL REG. AUG 16 1952		REGISTRAR'S SIGNATURE g. Earl Smith M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE C. V. Nash		ADDRESS 3847 Page	

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. _____

working under my personal supervision.

Student
Student Embalmer

Signed: C. Y. Nash

Licensed Embalmer No. 2432

P. O. Address: 3847 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.