

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

 State File No. **43439**
 Registrar's No. **11282**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 43439		Registrar's No. 11282					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY Madison									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				c. LENGTH OF STAY (In this place) 1 week		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Madison 8120							
d. FULL NAME OF HOSPITAL OR INSTITUTION 916 North 16th Street				d. STREET ADDRESS (If rural, give location) 921 Bissell Street 8									
3. NAME OF DECEASED (Type or Print) a. (First) JOHN			b. (Middle) _____			c. (Last) GIST			4. DATE OF DEATH (Month) (Day) (Year) Dec 4, 1952				
5. SEX Male 2		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH Aug 4, 1880		9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Laborer				10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (City and State or Foreign Country) Rondo, Ark.				12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Unknown				13b. MOTHER'S MAIDEN NAME Unknown				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) No				16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Lizzie Young-921 Bissell, Madison, Ill. ADDRESS _____							
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) Arterial Sclerosis & Aneurysm 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 _____			
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) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR? 4500							
22. I hereby certify that I attended the deceased from 11-20, 1952 , to 12-4, 1952 , that I last saw the deceased alive on _____, 19____, and that death occurred at 7:04 m., from the causes and on the date stated above.													
23a. SIGNATURE J. W. Wilkeson (Degree or title) MD					23b. ADDRESS 4141 Page Blvd.			23c. DATE SIGNED 12-6-52					
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Dec 10, 1952		24c. NAME OF CEMETERY OR CREMATORY Newport, Arkansas			24d. LOCATION (City, town, or county) (State) _____						
DATE REC'D BY LOCAL REG. DEC 8 1952		REGISTRAR'S SIGNATURE J. Carl Smith MD				25. FUNERAL DIRECTOR'S SIGNATURE Marshall Funeral Home-East St. Louis, Ill. ADDRESS _____							

(Licensed Embalmer's Statement on Reverse Side)

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 Thomas M. Babson

Licensed Embalmer No. 4479

2205 Missouri Ave.

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.