

FILED NOV 27 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41384**
Registrar's No. **10801**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY St. Louis		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) 10 days	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Infirmary		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Madison	
		d. STREET ADDRESS (If rural, give location) 817 Webster Street	

3. NAME OF DECEASED (Type or Print)	a. (First) MARY	b. (Middle) JANE	c. (Last) WILEY	4. DATE OF DEATH (Month) (Day) (Year) NOV 12, 1953
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5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH June 15, 1872	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 15 MIN. Hours	IF UNDER 1 MIN. Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (City and State or Foreign Country) Holly Springs, Mississippi		12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME William Harris	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME Lonney Wiley	ADDRESS 817 Webster, Madison, Ill.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5 DAYS
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL THROMBOSIS		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIOSCLEROSIS 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)
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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? 332X
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22. I hereby certify that I attended the deceased from **NOV. 7, 1953** to **NOV. 12, 1953**, that I last saw the deceased alive on **NOV. 12, 1953**, and that death occurred at **8:03** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Frank Edward Woodruff	23b. ADDRESS 925 N. 21st STREET	23c. DATE SIGNED 11/13/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Nov 14, 1953	24c. NAME OF CEMETERY OR CREMATORY Booker Washington	24d. LOCATION (City, town, or county) (State) East St. Louis, Illinois
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DATE REC'D BY LOCAL REG. NOV 14 1953	REGISTRAR'S SIGNATURE J. Earl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE Marshall Funeral Home	ADDRESS East St. Louis, Ill.
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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. Nelson*

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.