

FILED SEP 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32211**
Registrar's No. **7970**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 7970	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Williamson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 1 day		c. CITY OR TOWN Herrin		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Louis Children's Hospital				e. STREET ADDRESS (If rural, give location) 412 S. 23rd St. 812 8			
3. NAME OF DECEASED (Type or Print) a. (First) Susan		b. (Middle) Rim		c. (Last) Sizemore		4. DATE OF DEATH (Month) (Day) (Year) 8 28 54	
5. SEX F.		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH 8-26-54	
9. AGE (In years last birthday) 2		IF UNDER 1 YEAR Months 3		IF UNDER 24 HRS. Days Hours Min.		11. BIRTHPLACE (City and State or Foreign Country) Herrin Illinois	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME Albert Sizemore			13b. MOTHER'S MAIDEN NAME Heda Jones			14. NAME OF HUSBAND OR WIFE L	
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS H. Brown, 500 S. Kings Highway			
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* Congenital heart disease for heart 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 7544			
22. I hereby certify that I attended the deceased from 8-27- , 19 54 , to 8-28- , 19 54 , that I last saw the deceased alive on 8-28- , 19 54 , and that death occurred at 11:00 P. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Dr. L. E. Smith M.D.				23b. ADDRESS St. Louis Children's Hospital		23c. DATE SIGNED 8-28-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removed		24b. DATE 8-24-54		24c. NAME OF CEMETERY OR CREMATORY City		24d. LOCATION (City, town, or county) (State) Herrin Ill	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE AUG 30 1954		REGISTRAR'S SIGNATURE J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Theresa G. Gowan East St. Louis Ill			

S.P. (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 Mr. Embalmed, Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed J. H. A. G. O. S. K.
Licensed Embalmer No. 398
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.