

STANDARD CERTIFICATE OF DEATH

FILED SEP 16 1954

State File No. 7898

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

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

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Ill. b. COUNTY ST. CLAIR | |
| b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS | c. LENGTH OF STAY (In this place) 1 Day | c. CITY OR TOWN E. ST. LOUIS | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hosp | | e. STREET ADDRESS (If rural, give location) 3044 FOREST BLVD. | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Joy b. (Middle) Marie c. (Last) Wilkinson | | 4. DATE OF DEATH (Month) (Day) (Year) 8-25-54 | |
| 5. SEX F | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH 10-20-26 |
| 9. AGE (In years last birthday) 27 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WAITRESS | 11. BIRTHPLACE (City and State or Foreign Country) Trenton, Tenn. |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13. KIND OF BUSINESS OR INDUSTRY State Tavern | |
| 13a. FATHER'S NAME Willie G. Good | | 13b. MOTHER'S MAIDEN NAME Annie Jones | |
| 14. NAME OF HUSBAND OR WIFE Charles Wilkinson | | 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. 408-309827 | | 17. INFORMANT'S SIGNATURE OR NAME Charles Wilkinson | |
| 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Irreversible shock ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) unknown etiology DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Ventricular tachycardia | |
| 19a. DATE OF OPERATION 8/24/54 | | 19b. MAJOR FINDINGS OF OPERATION cysto-rectovula | |
| 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | 21. INTERVAL BETWEEN ONSET AND DEATH 10 hrs | |
| 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? 631x | |
| 22. I hereby certify that I attended the deceased from Aug 24, 1954 , to Aug 25, 1954 , that I last saw the deceased alive on Aug 25, 1954 , and that death occurred at 9:45 m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE Murray Chucky M.D. | | 23b. ADDRESS Jewish Hospital | |
| 23c. DATE SIGNED 8/26/54 | | 24. NAME OF CEMETERY OR CREMATORY East St. Louis | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | 24b. DATE Aug. 26, 1954 | 24c. LOCATION (City, town, or county) (State) East St. Louis, Illinois | |
| DATE REC'D BY LOCAL REG. AUG 26 1954 | REGISTRAR'S SIGNATURE J. Carl Smith, M.D. | 25. FUNERAL DIRECTOR'S SIGNATURE John H. Kelly | |

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.....
Signature of Student Embalmer

Signed *Joseph Farley*

Licensed Embalmer No. *754*

P. O. Address *East St. Louis*

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.