

FILED AUG 2 - 1955

STANDARD CERTIFICATE OF DEATH

State File No. **23458**
Registrar's No. **6008**

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Illinois b. COUNTY St. Clair	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN E. St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Peoples		d. STREET ADDRESS (If rural, give location) 508 N. 3rd. St.	

3. NAME OF DECEASED (Type or Print) JOSIE BELLMON	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 7 7 1955
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5. SEX Fem	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 5/17/1900	9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed	10b. KIND OF BUSINESS OR INDUSTRY Nil	11. BIRTHPLACE (State or foreign country) Burgin, Kentucky	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Sam Campbell	13b. MOTHER'S MAIDEN NAME Mary Ingram	14. NAME OF HUSBAND OR WIFE
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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.	17. INFORMANT'S SIGNATURE OR NAME <i>Marie Campbell</i>	ADDRESS 1240 R. Kansas
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cochetov		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Concussion of Brain DUE TO (c) Metastasis		
	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 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 170x
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22. I hereby certify that I attended the deceased from **1/55**, 19**55**, to **7/7/55**, 19**55**, that I last saw the deceased alive on **7/7**, 19**55**, and that death occurred at **6 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <i>Edgar F. Wilson</i>	(Degree or title) M.D.	23b. ADDRESS 930 N. 2nd St. E. St. Louis	23c. DATE SIGNED 7/9/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE JUL 12 1955	24c. NAME OF CEMETERY OR CREMATORY Booker Washington	24d. LOCATION (City, town, or county) (State) Centreville, Ill.
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DATE REC'D BY LOCAL REG. JUL 12 1955	REGISTRAR'S SIGNATURE <i>Carl Smith</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Mal Mc Green</i>	ADDRESS 406 Washington
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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 Edgar H. Green

Licensed Embalmer No. 4521

P. O. Address 4060 Harding

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.