

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31589

State File No. 8387

FILED SEP 29 1955

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 <u>Illinois</u> b. COUNTY <u>St. Clair</u>	
b. CITY OR TOWN <u>St. Louis, Mo.</u>	c. LENGTH OF STAY (in this place) _____	c. CITY OR TOWN <u>Centreville Township</u>	d. In 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 <u>BARNES HOSPITAL</u>		e. STREET ADDRESS (If rural, give location) <u>898 S. 45th Street</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Jessie</u>	b. (Middle) <u>NMN</u>	c. (Last) <u>Tolbert</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 18, 1955</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 25, 1895</u>	9. AGE (In years last birthday) <u>59</u>	# UNDER 1 YEAR Months Days	# UNDER 100 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Self-Employed</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Brooksville, Miss.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>Alfred Thomas</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Lee Tolbert</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Catherine Wiley</u>	ADDRESS <u>898 S. 45th Street St. Louis, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>	DUE TO (b) <u>Chronic Obstructive Prostatism</u>		<u>Yrs.</u>
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	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 <u>6/11 x</u>	20. AUTOPSY? YES <input checked="" 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) _____
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? _____

22. I hereby certify that I attended the deceased from Aug. 26, 1955, to Sept. 18, 1955, that I last saw the deceased alive on Sept. 18, 1955, and that death occurred at 4:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Tillman M. Moore M.D.</u>	23b. ADDRESS <u>BARNES HOSPITAL</u>	23c. DATE SIGNED <u>9/19/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) _____	24b. DATE <u>9/20/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Booker Washington</u>	24d. LOCATION (City, town, or county) (State) <u>Centreville Township, Ill.</u>
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DATE REC'D BY LOCAL REG. <u>SEP 24 1955</u>	REGISTRAR'S SIGNATURE <u>J. Earl Smith M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Marion's Office</u>	ADDRESS <u>214 Missouri St. Louis, Ill.</u>
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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.....  
Signature of Student Embalmer

Signed *Ben H. Baldwin*.....

Licensed Embalmer No...24

P. O. Address 721 N. 26

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.