

FILED JUN 1 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18470

318

1003

Registrar's No. 4611

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. 4611			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived; if institution, residence before admission) a. STATE Illinois b. COUNTY St. Clair					
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (in this place) 2 days		c. CITY OR TOWN East 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 St. Mary's Infirmary				e. STREET ADDRESS (If rural, give location) 371 N. 27th Street					
3. NAME OF DECEASED (Type or Print) Elizabeth			a. (First)		b. (Middle)		c. (Last) Polk		
4. DATE OF DEATH		5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED			
8. DATE OF BIRTH Feb 4, 1929		9. AGE (In years last birthday) 27		10. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) East St. Louis, Ill.			
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Trannie Polk		13b. MOTHER'S MAIDEN NAME Elizabeth Hyle		14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bertrude Polk 371 N. 27th Street East St. Louis, Ill.					
18. NO. 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Toxemia with sepsis Large ovarian cyst Antecedent causes: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Large ovarian cyst DUE TO (c) Twisted Pedicle 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 checked="" 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)		21f. HOW DID INJURY OCCUR?			
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"/>		22. I hereby certify that I attended the deceased from 5/5, 1956 to 5/7, 1956, and that death occurred at 12:30 p.m., from the causes and on the date stated above.					
23. SIGNATURE Edger P. Woodson (Degree or title) M.D.		23b. ADDRESS 930 N. 2ND ST. ST. LOUIS, MO.		23c. DATE SIGNED 5/11		24a. BURIAL, CREMATION, REMOVAL (Specify)			
24b. DATE 5/10/56		24c. NAME OF CEMETERY OR CREMATORY Booker Washington		24d. LOCATION (City, town, or county) (State) Centerville Township, Ill.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. Carl Smith M.D. Funeral Director 2114 Mo. Ave. St. Louis, Ill.			
DATE REC'D BY LOCAL REG. MAY 12 1956		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. Carl Smith M.D. Funeral Director 2114 Mo. Ave. St. Louis, Ill.					

(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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed... *Ben H. Baldwin*

Licensed Embalmer No. *24*

P. O. Address *726 N. 26*

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