

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015741
STATE FILE NUMBER

FILED APR 18 1958

Registration District No. _____

318

Primary Registration District No. _____

1003

Registrar's No. _____

3762

300
-57
0

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, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN East St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR ST. INSTITUTION St. Mary's Infirmiry		Length of stay in lb 10 days	d. STREET ADDRESS (If outside, give location) 2421 Gaty Avenue Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last LILLIAN EDWARDS			4. DATE OF DEATH Month Day Year April 1, 1958
5. SEX Female 3	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 4, 1904
9. AGE (In years last birthday) 54		10. FUNDER 1 YEAR Months Days Hours Min.	11. IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Alexander City, Alabama
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME John Asbury	13b. MOTHER'S MAIDEN NAME Ida White
14. NAME OF HUSBAND OR WIFE Deceased.		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. Unknown
17. INFORMANT Myrtle Garrett		Address 2421 Gaty Ave.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MESENTERIC Intestinal gangrene Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) Intestinal Gangrene DUE TO (c) 570.2 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 48 HRS.
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from Death occurred at 3/21/58 to 4/1/58 and last saw her/him alive on 4/1/58 on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Frank E. Woodsey</i> (Degree or title)		22b. ADDRESS 930 N. 2nd St., E. St. Louis, Ill.	22c. DATE SIGNED 4/1/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/6/58	23c. NAME OF CEMETERY OR CREMATORY Sunset Garden of Memory	23d. LOCATION (City, town, or county) (State) Centreville Township, Illinois
24. FUNERAL DIRECTOR <i>Marion Off</i> Officer Funeral Home, E. St. Louis, Ill.		25. DATE RECD. BY LOCAL REG. APR 3 '58	26. REGISTRAR'S SIGNATURE <i>Carl Smith</i> MRS

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Frank Prakopf*

Licensed Embalmer No. *4356* ...
P. O. Address *St. Louis, Mo*

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.