URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS SEP 15 1960

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8638 STATE FILE NUMBER 60-032159

ENDED

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS, MISSOURI — Length of stay in 1b: 2 Weeks

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): BARNES HOSPITAL — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Illinois b. COUNTY: St. Clair

c. CITY OR TOWN: East St. Louis — Inside Limits: Yes [X] No [ ]

d. STREET ADDRESS (If outside, give location): 2117 Baker Avenue — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: ANNIE Middle: LEE Last: EWING

4. DATE OF DEATH: Month: AUGUST Day: 31 Year: 1960

5. SEX: Female

6. COLOR OR RACE: Negro

7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]

8. DATE OF BIRTH: 1/10/26

9. AGE (last birthday): 34 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.

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): Lake Village, Ark.

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: Abe Montgomery

13b. MOTHER'S MAIDEN NAME: Marie Sykes

14. NAME OF HUSBAND OR WIFE: George W. Ewing

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: George W. Ewing, 2117 Baker Ave., Address E. St. Louis

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): PULMONARY EMBOLISM, ETIOLOGY UNDETERMINED — INTERVAL BETWEEN ONSET AND DEATH: FEW MINUTES

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b):

DUE TO (c): 6483B

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a):
INTRAUTERINE PREGNANCY, UNDELIVERED. ? PULMONARY TUBERCULOSIS
ANEMIA, TYPE UNKNOWN

PART III. If deceased was female was there a pregnancy in last 90 days. [X] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 AUG. 21, 1960, to AUG. 31, 1960 and last saw her/him alive on AUG. 31, 1960

Death occurred at 3:25 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] M. D.

22b. ADDRESS: BARNES HOSPITAL

22c. DATE SIGNED: 9/2/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 9/11/60

23c. NAME OF CEMETERY OR CREMATORY: Booker Washington

23d. LOCATION (City, town, or county) (State): Centreville Township, Ill.

24. FUNERAL DIRECTOR: Marion E. Officer — ADDRESS: 2114 Missouri E. St. Louis, Ill.

25. DATE RECD. BY LOCAL REG.: SEP 3 1960

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

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