

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10232

FILED MAR 22 1951

State File No. 2384

318

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 100		Registrar's No. _____		
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)				
a. COUNTY				a. STATE <u>Missouri</u>		b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>5340</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>2219</u>		d. STREET ADDRESS (If rural, give location) <u>3319 LAWTON</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. Marys Infirmary</u>								
3. NAME OF DECEASED			4. DATE OF DEATH					
a. (First) <u>Andrew</u>			b. (Middle) <u>Jackson</u>			c. (Last)		
(Type or Print)			4. DATE OF DEATH (Month) / (Day) / (Year) <u>3 / 9 / 51</u>					
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>July 15 - 1887</u>		
9. AGE (In years last birthday) <u>63</u>		IF UNDER 1 YEAR Months Days		IF UNDER 1 HR. Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Janitor</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>Tenn</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>Hime Jackson</u>		13b. MOTHER'S MAIDEN NAME <u>McCoy</u>		14. NAME OF HUSBAND OR WIFE <u>Donia James Jackson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>489-14-5078</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Donia James Jackson 3319 Lawton</u>				
18. CAUSE OF DEATH		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>					<u>3 wks</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES						
		Morbidity conditions, if any, giving rise to the above cause (a), stating the underlying cause last.						
		DUE TO (b) <u>Hypertensive Cardiovascular Disease</u>						
		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					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)				
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? <u>H/H 2K</u>				
22. I hereby certify that I attended the deceased from <u>2/3</u> , 19 <u>51</u> , to <u>3/9</u> , 19 <u>51</u> ; that I last saw the deceased alive on <u>3/8</u> , 19 <u>51</u> , and that death occurred at <u>1:45</u> p.m., from the causes and on the date stated above.								
23a. SIGNATURE <u>D. W. Wood</u>			23b. ADDRESS <u>4448^a Easton</u>			23c. DATE SIGNED <u>3/12/51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>3/14/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>		
DATE REC'D BY LOCAL REG. <u>MAR 13 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Lorton</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Blunn Funeral</u>		ADDRESS <u>St. 215-50 Jeff</u>		

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 S. J. Watson

Licensed Embalmer No. 2698

P. O. Address 2769 Chouteau

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.