

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31858

State File No. ....

FILED OCT 10 1951

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 8590

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 8590	
1. PLACE OF DEATH a. COUNTY <u>St Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u>		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hosp = R</u>		e. LENGTH OF STAY (in this place) <u>0920</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hosp = R</u>		d. STREET ADDRESS (If rural, give location) <u>Wentzville Mo</u>		3. NAME OF DECEASED a. (First) <u>HENRY</u> b. (Middle) _____ c. (Last) <u>JACKSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9 11 51</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED NEVER MARRIED, WIDOWED DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>9-6-1951</u>	9. AGE (In years last birthday) _____	IF UNDER 1 YEAR Months _____	IF UNDER 4 HRS. Days _____	Hours _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>Wick</u>		13b. MOTHER'S MAIDEN NAME <u>Wick</u>		14. NAME OF HUSBAND OR WIFE <u>Wick</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Wick</u>		16. SOCIAL SECURITY NO. <u>Wick</u>		17. INFORMANT'S SIGNATURE OR NAME <u>H.E. Taylor</u>		ADDRESS <u>1300 Clark</u>	
18. CAUSE 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Meningoencephalitis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>?</u>	
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) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>057.1</u>				22. I hereby certify that I attended the deceased from <u>1:00</u> to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ from the causes and on the date stated above.	
23a. SIGNATURE <u>[Signature]</u>		23b. ADDRESS <u>1300 Clark</u>		23c. DATE SIGNED <u>9/27/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <u>SEP 28 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>		24d. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL REG. <u>SEP 28 1951</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Rawland</u>		ADDRESS <u>404 Manchester</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1552

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.