

FILED JUN 24 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20701

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4919

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>2229</u>					
b. CITY (If outside corporate limits, write RURAL and give town or ST. LOUIS, MISSOURI		c. LENGTH OF STAY (In this place) <u>3 weeks</u>		c. CITY OR TOWN <u>St Louis</u>		d. 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 <u>ST. LOUIS CITY HOSPITAL</u>				e. STREET ADDRESS (If rural, give location) <u>1133 S. 7th St.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>SARAH</u>		b. (Middle) <u>CLASBY</u>		c. (Last) <u>JACKSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 2, 1954</u>			
5. SEX <u>7</u>	6. COLOR OR RACE <u>Wh.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Aug-16-1876</u>		9. AGE (In years last birthday) <u>77</u> IF UNDER 1 YEAR Months <u>10</u> Days <u>10</u> IF UNDER 24 HRS. Hours <u>10</u> Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Saleswoman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>City Drug</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Ernest Jackson</u>		13b. MOTHER'S MAIDEN NAME <u>Edith Foster</u>		14. NAME OF HUSBAND OR WIFE <u>Lon Heninger</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>488-10-0133</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Owen S. Jackson 7541 Parkdale</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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL EMBOLUS</u>				ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>MYOCARDIAL INFARCTION</u> DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>GENERALIZED ARTERIOSCLEROSIS</u>									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>ARTERIOSCLEROSIS OF FEMORAL ARTERY</u>				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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>4201</u>					
22. I hereby certify that I attended the deceased from <u>5-3-54</u> , 19 <u>54</u> , to <u>6-2-54</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>6-2-54</u> , 19 <u>54</u> , and that death occurred at <u>10:45A m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Paul H. Lamm, M.D.</u>				23b. ADDRESS <u>1515 Lafayette Avenue</u>		23c. DATE SIGNED <u>6-2-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>June 24</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Seymour, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>JUN 3 1954</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>L. Bopp, Inc. Park</u>					

S.P. (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 Hoffmann*

Licensed Embalmer No. *436*

P. O. Address.....  
*Denver*

**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.**