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7-39

FILED SEP 2 1947

Registration District No.

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Romer G Phillips Hospital
(If not in hospital or institution, write street name and location)

(d) Length of stay: In hospital or institution 17 days (Specify whether
In this community 5 years
years, months or days)

3. (a) PRINT FULL NAME Roosevelt Jamison

3. (b) If veteran, name war None

3. (c) Social Security No. 412-09-4039

4. Sex Male 5. Color or race Colored

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Jamison

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Feb. 26, 1906
(Month) (Day) (Year)

8. AGE:

| | | | |
|-----------|----------|-----------|----------------------|
| Years | Months | Days | If less than one day |
| <u>41</u> | <u>5</u> | <u>24</u> | hr. min. |

9. Birthplace West Point, Miss.
(City, town, or county) (State or foreign country)

10. Usual occupation Diesel Engine Cleaner

11. Industry or business Alton Railroad Co.

12. Name Al. Jamison

13. Birthplace West Point, Miss.
(City, town, or county) (State or foreign country)

14. Maiden name Martha

15. Birthplace West Point, Miss.
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Jamison

(b) Address 3022 a Easton

17. (a) Removal Removal (b) Date thereof 8-23-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation West Point, Miss

18. (a) Signature of funeral director C. J. Nash

(b) Address 3847 Page Boulevard

19. (a) AUG 22 1947 (b) J. P. [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3022 a Easton
21 (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 19
year 1947 hour 11 minute 55 A. M.

21. I hereby certify that I attended the deceased from June 5, 1947 to Aug. 19, 1947
that I last saw him alive on Aug. 19, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Adeno-carcinoma of Pancreas with Wide-spread metastasis

Due to.....

Due to.....

Other conditions None
(include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?.....
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....
While at work?..... (Specify type of place)
Means of injury.....

23. Signature Oscar L. Daniels (M. D. or other) 0

Address 2601 N Whittier Date signed 8/20/47

Duration

Undet.

PHYSICIAN

Underline the cause of which death should be charged statistically.

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.....

Claudia M. Nash

Registered Apprentice No. *424*

working under my personal supervision.

Signed.....

C. J. Nash

Licensed Embalmer No. *2432*

P. O. Address *3847 Page Blvd*

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.