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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21004
5783
Registrar's No. _____

FILED JUL 3 1948

Registration District No. 318

Primary Registration District No. 1003

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:
Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether)
In this community 6 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2410 N Taylor
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William Jamison

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 6, 1862
(Month) (Day) (Year)

8. AGE: Years 85 Months 11 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace Saint Clair Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Blacksmith (retired)

11. Industry or business _____

12. Name Unknown Jamison

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Clara Taylor
(b) Address 4653 Cottage Avenue

17. (a) Burial (b) Date thereof 6/30/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery Charles J. Gates

18. (a) Signature of funeral director _____
(b) Address 4107 Finney Avenue

19. (a) JUN 28 1948 (b) J. F. Bredok
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25
year 1948 hour 3 minute P M.

21. I hereby certify that I attended the deceased from June 22, 1948, to June 22, 1948;
that I last saw him alive on June 25, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Encephalopathy Duration Undet.

Due to _____

Due to _____

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

Major findings:
Of operations _____
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

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 Oliver L. Lane (M.D. or other) _____
Address 2601 N Whittier Date signed 6/26/48

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

MOTHER FATHER

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.....

John K/ Cunningham

....., Registered Apprentice No.....

working under my personal supervision.

Signed

John K. Cunningham

Licensed Embalmer No. 4476

P. O. Address 4107 Finney Avenue

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.