

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3453
Registrar's No. 115

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>S. Kinloch</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>12 Boyd Street</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROSE</u> b. (Middle) <u>JACKSON</u> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 15, 1949</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>e</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>June 12, 1899</u>
9. AGE (In years last birthday) <u>49</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>3</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>dresser</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Melrose food</u>	11. BIRTHPLACE (State or foreign country) <u>Mississippi</u>	12. CITIZEN OF WHAT COUNTRY? <u>us</u>
13a. FATHER'S NAME <u>Frank Turner</u>	13b. MOTHER'S MAIDEN NAME <u>Mariah Robinson</u>	14. NAME OF HUSBAND OR WIFE <u>Charles Jackson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS	

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 <u>6 yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Adenoma of thyroid & substernal extension</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Arteriosclerotic heart disease</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerotic heart disease; Myoma uteri - hypertrophic osteoarthritis.</u>		DUE TO (c) <u>932 1947</u>	
19a. DATE OF OPERATION <u>1/15/49</u>	19b. MAJOR FINDINGS OF OPERATION <u>Adenoma of thyroid - Respiration stopped during procedure - Tracheotomy & cardiac massage & only transitory response</u>		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?	

22. I hereby certify that I attended the deceased from Jan 11th, 1949, to Jan 15th, 1949, that I last saw the deceased alive on Jan 15th, 1949, and that death occurred about 2:30 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Arthur E. Keigel M.D.</u>	23b. ADDRESS <u>601 South Brentwood</u>	23c. DATE SIGNED <u>1/16/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>JAN. 21 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Washington Pk. Cem.</u>
24d. LOCATION (City, town, or county) (State) <u>St. Louis County</u>		
DATE REC'D BY LOCAL REG. <u>1-17-49</u>	REGISTRAR'S SIGNATURE <u>Shirley L. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Boyd Bros. ...</u>

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

Albert J Tate

Student Embalmer No. *107*

working under my personal supervision.

J J Tate

Signed.....
Student Embalmer

Signed

Edward A Flynn

Licensed Embalmer No. *107*

P. O. Address *45489 109*

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.

Lucas 7664