No. 300
10-48

FILED APR 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10214

BIRTH NO. 49-018396 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2729

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place): 7 days

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Homer G. Phillips

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Ad. 0
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 17 9
d. STREET ADDRESS (If rural, give location): 1608 Carr

3. NAME OF DECEASED (Type or Print)
a. (First): Janie
b. (Middle):
c. (Last): Jackson

4. DATE OF DEATH (Month) 3 (Day) 21 (Year) 49

5. SEX: Fem. 3
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 0
8. DATE OF BIRTH: 3-14-49
9. AGE (In years last birthday): IF UNDER 1 YEAR Months Days 7; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Missouri 0
12. CITIZEN OF WHAT COUNTRY?:

13a. FATHER'S NAME: Ernest Jackson
13b. MOTHER'S MAIDEN NAME: Francis Sutherland
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Esther M. Sherard, R.R. 2601 N. Whittier

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Infectious Diarrhea & Acidosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) 119a
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 7 [illegible]

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-14-, 1949, *to* 3-21-, 1949, *that I last saw the deceased alive on* 3-21-, 1949, *and that death occurred at* 9:20p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. B. Sinkler M.D.
23b. ADDRESS: 2601 N. Whittier
23c. DATE SIGNED: 3-23-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar 26/49
24c. NAME OF CEMETERY OR CREMATORY: Washington Park Cem
24d. LOCATION (City, town, or county) (State): St Louis MO

DATE REC'D BY LOCAL REG.: MAR 26 1949
REGISTRAR'S SIGNATURE: J B Lasater
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: F. A. Green 4214 Delmar

(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.

Signed Guyton H. Swan

Signed ..... Licensed Embalmer No. 4580

Student Embalmer

P. O. Address 4514 Delmar Bl

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.