

STANDARD CERTIFICATE OF DEATH

State File No. **21209**  
Registrar's No. **5943**

FILED JUL 15 1949

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. <b>Missouri</b> b. COUNTY <b>ool</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis</b> <b>0</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis</b> <b>13</b>	
c. LENGTH OF STAY (In this place) <b>6 days</b>		d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>Homer G Phillips Hospital</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Elizabeth</b> b. (Middle) c. (Last) <b>Jackson</b>		4. DATE OF DEATH (Month) <b>7-6-49</b> (Day) (Year)	
5. SEX <b>Female</b> <b>3</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov 8, 1925</b>
9. AGE (In years last birthday) <b>23</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Domestic</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>St Louis, Missouri</b> <b>0</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>George Jones</b>	13b. MOTHER'S MAIDEN NAME <b>Fannie Catlett</b>	14. NAME OF HUSBAND OR WIFE <b>Richard Jackson</b>	
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	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Undetermined</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Undet.</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>II</b> DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Undetermined</b>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) <b>200C</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>79535</b>	
22. I hereby certify that I attended the deceased from <b>June 29, 1949</b> , to <b>July 6, 1949</b> , that I last saw the deceased alive on <b>July 6, 1949</b> , and that death occurred at <b>3:00 A.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>W.P. Bozeman, M.D.</b>	23b. ADDRESS <b>1245 N 18th St.</b>	23c. DATE SIGNED <b>7-6-49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7-02-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo.</b>
DATE REC'D BY LOCAL REG. <b>JUL 7 1949</b>	REGISTRAR'S SIGNATURE <b>J. B. ...</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Elles Funeral Home 2820 Stoddard St.</b>	

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 .....  
Student Embalmer

Signed: Fullan E. Culkin

Licensed Embalmer No. 4198

P. O. Address 1313

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.