

FILED NOV 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38870
38871

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

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

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>Madison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Missouri</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Collinsville</u>	
c. LENGTH OF STAY (in this place) <u>3 days</u>		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Barnes Hospital, Ill.</u>	
4. STREET ADDRESS (If rural, give location) <u>H.R. 114 S. Sycamore St.</u>		999 11 0	
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>		b. (Middle) _____ c. (Last) <u>Jackson</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 9 1949</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 12 1872</u>
9. AGE (to years last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>28</u>	IF UNDER 2 HRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Manufacturer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Leather goods</u>	
11. BIRTHPLACE (State or foreign country) <u>New York</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Jackson</u>		13b. MOTHER'S MAIDEN NAME <u>Not Known</u>	
14. NAME OF HUSBAND OR WIFE <u>Eleanora Jackson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Eleanora Jackson</u>		ADDRESS <u>Collinsville, Ill.</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary infarct</u> ANTECEDENT CAUSES DUE TO (b) <u>Embolism</u> DUE TO (c) <u>Pulmonary emphysema</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <u>? 10 yr.</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <u>113</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>5241</u>			
22. I hereby certify that I attended the deceased from <u>Nov. 6</u> , 19 <u>49</u> , to <u>Nov. 9</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Nov. 9</u> , 19 <u>49</u> , and that death occurred at <u>12:25 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>H. Bradley</u> (Degree or title) <u>A M.D.</u>		23b. ADDRESS <u>Barnes Hospital,</u>	
23c. DATE SIGNED <u>11/9/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <u>Nov. 12 1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>St. John's</u>		24d. LOCATION (City, town, or county) (State) <u>Collinsville Ills.</u>	
DATE REC'D BY LOCAL REG. <u>Nov 10 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Lassiter</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>Geo M. Schroepfel</u>		ADDRESS <u>Collinsville Ills.</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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed

Student Embalmer No.....

Licensed Embalmer No. 1598

P. O. Address Collinsville

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.