

FILED MAY 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18303
4209

State File No. _____
Registrar's No. _____

BIRTH NO. _____ 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. STATE b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) ST. Louis | | c. CITY (If outside corporate limits, write RURAL and give township) ST. Louis 2919 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital | | d. STREET ADDRESS (If rural, give location) 2307 1/2 Delmar | |

| | | | | | | |
|---|------------------------------------|--|---|--|----------------------------------|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) Virgie b. (Middle) c. (Last) Jackson | | | 4. DATE OF DEATH (Month) (Day) (Year) May 5 1950 | | | |
| 5. SEX Female | 6. COLOR OR RACE 3 negro | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3 | 8. DATE OF BIRTH Dec 2, 1908 | 9. AGE (In years last birthday) 41 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home work | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) Shalia Miss. | | 12. CITIZEN OF WHAT COUNTRY? U.S. |

| | | | | | |
|--|--|---|--|---|--|
| 13a. FATHER'S NAME Charlie Robertson | | 13b. MOTHER'S MAIDEN NAME Tottie Bell Ollie | | 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 Tottie Bell Robertson | |
| | | | | ADDRESS 2307 1/2 Delmar | |

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|--|--|---|--|--|----------------------------------|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malignant Hypertension with Azotemia | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None | | | Undet. | |
| *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) Hypertensive Heart Disease | | | | |
| | | DUE TO (c) | | | | |

| | | | | | | |
|---|--|--|--|--|---|--|
| 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) St. Louis Mo | | |
| 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 **4-25**, 19**50**, to **5-5**, 19**50**, that I last saw the deceased alive on **5-5**, 19**50**, and that death occurred at **8:45a** m., from the causes and on the date stated above.

| | | | | | |
|--|--|---|--|---|--|
| 23a. SIGNATURE (Degree or title) James J. Bedrich | | 23b. ADDRESS 2601 N Whittier St. | | 23c. DATE SIGNED 5-6-50 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE May 11, 1950 | | 24c. NAME OF CEMETERY OR CREMATORY Heavenly Can | |
| 24d. LOCATION (City, town, or county) (State) St. Louis Mo | | 25. FUNERAL DIRECTOR'S SIGNATURE F. B. Sauter | | ADDRESS 4214 Delmar | |
| DATE REC'D BY LOCAL REG. MAY 10 1950 | | REGISTRAR'S SIGNATURE | | | |

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

F. A. Green

Signed.....
Student Embalmer

Licensed Embalmer No. *1963*

P. O. Address *4214 Dalmian*

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.