No. 300
10-48

FILED DEC 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38651

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9951

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

1. PLACE OF DEATH
a. COUNTY St Louis Mo
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Peoples Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE 2117 Kansas
b. COUNTY 8120
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) East St Louis Mo 8
d. STREET ADDRESS (If rural, give location) 2117 Kansas

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

4. DATE OF DEATH (Month) (Day) (Year) 11 - 20 - 50

5. SEX M. 2
6. COLOR OR RACE N.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W. 2
8. DATE OF BIRTH Feb 10 1890
9. AGE (In years last birthday) 60 — 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) —
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Helena - Ark.
12. CITIZEN OF WHAT COUNTRY? —

13a. FATHER'S NAME Joe - Jackson
13b. MOTHER'S MAIDEN NAME unknown
14. NAME OF HUSBAND OR WIFE none

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 Reed Jones ADDRESS 2114 Div.

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) Coronary occlusion

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Nephritis

DUE TO (c) Hypertension

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

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? H201

22. *I hereby certify that I attended the deceased from* 10/15, 1950, *to* 11/20, 1950, *that I last saw the deceased alive on* 12/20, 1952 *and that death occurred at* 6:35 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Edgar F Wordson M.D
23b. ADDRESS 930 N Lord Av
23c. DATE SIGNED 11/22/50

24a. BURIAL, CREMATION, REMOVAL (Specify) —
24b. DATE 11-21-50
24c. NAME OF CEMETERY OR CREMATORY Douglass Cem.
24d. LOCATION (City, town, or county) (State) E St Louis Ill

DATE REC'D BY LOCAL REG. 22 19
REGISTRAR'S SIGNATURE J B [illegible]
25. FUNERAL DIRECTOR'S SIGNATURE A H Officer ADDRESS 2114 Mo Av

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.