

FILED MAR 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1638
6255

BIRTH NO.		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No.
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chesterfield 4740
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Infirmary		d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) Katherine	a. (First)	b. (Middle)	c. (Last) Jackson	4. DATE OF DEATH (Month) 2 (Day) 16 (Year) 51
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 24-1864	9. AGE (In years last birthday) 86
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) nil	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Valley Park, Mo.		12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME Ephriam Belger		13b. MOTHER'S MAIDEN NAME Emeline Lowe	14. NAME OF HUSBAND OR WIFE Henry Jackson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Inez Baker Chesterfield, Mo.		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) and a fall II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Blood Pressure 250/130 at Entrance to hospital		20. AUTOPSY	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) home hospital	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Chesterfield 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? 321XF		
22. I hereby certify that I attended the deceased from 2/12, 1951, to 2/16, 1951, that I last saw the deceased alive on 2/16, 1951, and that death occurred at 4:11 p.m., from the causes and on the date stated above.				
23a. SIGNATURE R. M. D. 822 N. Jefferson		23b. ADDRESS		23c. DATE SIGNED 2/17/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-20-51	24c. NAME OF CEMETERY OR CREMATORY Chesterfield Cem.		24d. LOCATION (City, town, or county) (State) Chesterfield, Mo.
DATE REC'D BY LOCAL REG. FEB 19 1951	REGISTRAR'S SIGNATURE J B Luster	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Russell Und. Co. 2732 Pine Blvd.		

2009
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 Robert J. Murray

Signed.....
Student Embalmer

Licensed Embalmer No. 3371

P. O. Address St. Louis

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.