

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24783  
State File No. 6323

FILED JUL 26 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>St. Clair</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>1 week</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Belleville</u> <u>8120</u>		d. STREET ADDRESS (If rural, give location) <u>308 N. Pennsylvania Ave.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>10225 Lookaway Drive</u>					

3. NAME OF DECEASED (Type or Print) a. (First) <u>EPHRA</u> b. (Middle) <u>LAW</u> c. (Last) <u>JACKSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 14 1951</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec. 2, 1885</u>		9. AGE (In years last birthday) <u>65</u> IF UNDER 1 YEAR Months <u>7</u> Days <u>12</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	11. BIRTHPLACE (State or foreign country) <u>Hillsboro, Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Geo A. Law</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah M. McBroom</u>		14. NAME OF HUSBAND OR WIFE <u>Thomas Frank Jackson</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>XX</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ralph Law Jackson - St. Louis, Mo</u>		
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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) <u>Cerebral hemorrhage</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis - pneumonia</u> DUE TO (c) <u>of stomach - intestine - liver</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>2 hrs</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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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? <u>151X</u>		
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22. I hereby certify that I attended the deceased from July 14, 1951, to July 14, 1951, that I last saw the deceased alive on July 14, 1951, and that death occurred at 5:30 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. C. Harty MD</u>		23b. ADDRESS <u>8201 N Broadway St. Louis 15, Mo</u>		23c. DATE SIGNED <u>7-16-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	24b. DATE <u>July 17, '51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla</u>	24d. LOCATION (City, town, or county) (State) <u>Belleville, Illinois</u>	
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DATE REC'D BY LOCAL REG. <u>JUL 16 1951</u>	REGISTRAR'S SIGNATURE <u>J. B. Parata</u>		25. FEDERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. St. Louis</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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.....  
Student Embalmer

*Not Embalmed*

Signed.....

*[Handwritten Signature]*

Licensed Embalmer No. 3162

P. O. Address E. St. Louis Ill

**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.