

FILED JUL 26 1951

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24785**  
Registrar's No. **6144**

**318**

**1003**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>2</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE _____ b. COUNTY _____	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>St. Louis, Mo.</b>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>St. Louis MO</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>5100 Arsenal St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>St. Louis State Hospital</b>			

3. NAME OF DECEASED (Type or Print) <b>Mabel Jackson</b>			4. DATE OF DEATH <b>July 5 1951</b>		
a. (First)		b. (Middle)	c. (Last)		Year

5. SEX <b>Female</b>	6. COLOR OR RACE <b>Cold</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Aug 14 1912</b>	9. AGE (In years last birthday) <b>38</b>	IF UNDER 1 YEAR Months <b>8</b>	IF UNDER 24 HRS. Hours <b>21</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>St. Louis MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
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13a. FATHER'S NAME <b>Not known</b>		13b. MOTHER'S MAIDEN NAME <b>Not known</b>		14. NAME OF HUSBAND OR WIFE <b>Single</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Hannie Young</b>		ADDRESS <b>4282 Monroe</b>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Cardiac Failure</b>				INTERVAL BETWEEN ONSET AND DEATH <b>30 min</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Rheumatic Heart Disease</b>				<b>1948x</b>	
		DUE TO (c) <b>Hyperthyroidism</b>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>252.0</b>	
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22. I hereby certify that I attended the deceased from **Jan. 1, 1951**, to **July 5, 1951**, that I last saw the deceased alive on **July 5, 1951**, and that death occurred at **3:05p m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Clive Hymer MD</b>		23b. ADDRESS <b>5100 Arsenal St.</b>		23c. DATE SIGNED <b>7/6/51</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7-10-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oakdale Cem</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis MO</b>	
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DATE REC'D BY LOCAL REG. <b>JUL 10 1951</b>		REGISTRAR'S SIGNATURE <b>J B Pasater</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>A. L. Beal</b>		ADDRESS <b>Und Co 4303 Delmar</b>	
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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 Arthur L. Heulbeid

Signed.....  
Student Embalmer

Licensed Embalmer No 49221

P. O. Address 4740<sup>2</sup> Campbell's

**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.