

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44173

FILED FEB 14 1952

State File No. 11742

318

1003

Registrar's No.

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.			
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 St. Louis		2218	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hosp.				STREET ADDRESS (If rural, give location) 3029 Washington Ave.			
3. NAME OF DECEASED (Type or Print) Gussie		a. (First)		b. (Middle)		c. (Last) Jackson	
4. DATE OF DEATH (Month) (Day) (Year) Dec. 27, 1951		5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Oct. 20, 1910		9. AGE (In years last birthday) 41		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laundress		11. BIRTHPLACE (State or foreign country) Kansas City, Kansas	
12. CITIZEN OF WHAT COUNTRY?		10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Laundry		11. BIRTHPLACE	
13a. FATHER'S NAME James Webb		13b. MOTHER'S MAIDEN NAME Molly ?		14. NAME OF HUSBAND OR WIFE Riley Jackson		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. Unk.		17. INFORMANT'S SIGNATURE OR NAME Robert Fox		ADDRESS - 2709 Delmar Blvd.		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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		19c. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) Homicide		21b. PLACE OF INJURY		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		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? E. 8th St. 1/6		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.		23. SIGNATURE (Degree or title) Dr. Wm. R. ...	
23b. ADDRESS 1300 Clark		23c. DATE SIGNED 1/2/52		24. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 2, 1952	
24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		DATE OF BURIAL JAN 2 1952		REGISTRAR'S SIGNATURE J. ...	
25. FUNERAL DIRECTOR'S SIGNATURE English Und. Co.		ADDRESS . 1123 N. Taylor		26. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.		27. SIGNATURE (Degree or title)	

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

John A. Cunningham

Licensed Embalmer No. 4476

P. O. Address 4109 Juney

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.