

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22172**

1952 JUL 9 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5887**

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) **34 yrs.**
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** **2219**

d. FULL NAME OF HOSPITAL OR INSTITUTION **Homer G Phillips Hospital** d. STREET ADDRESS (If rural, give location) **21 3223 Belle Avenue**

3. NAME OF DECEASED a. (First) **Mary** b. (Middle) **B** c. (Last) **Jamison** **4. DATE OF DEATH!** (Month) **June** (Day) **19** (Year) **1952**

5. SEX **Female** **6. COLOR OR RACE** **Negro** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)** **Single** **8. DATE OF BIRTH** **May 20, 1880** **9. AGE (In years last birthday)** **72** **10. MONTHS** **1** **11. DAYS** **0** **12. HOURS** **0** **13. MIN.** _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Missionary** **10b. KIND OF BUSINESS OR INDUSTRY** _____ **11. BIRTHPLACE (City and State or Foreign Country)** **Muldrow, Mississippi** **12. CITIZEN OF WHAT COUNTRY?** **USA**

13a. FATHER'S NAME **Freeman Jamison** **13b. MOTHER'S MAIDEN NAME** **Henrietta Roby** **14. NAME OF HUSBAND OR WIFE** _____

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.** _____ **17. INFORMANT'S SIGNATURE OR NAME** **Annie Jamison, 3223 Belle Ave.** **ADDRESS** _____

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
19. MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cerebral Hemorrhage**
INTERVAL BETWEEN ONSET AND DEATH: **Undet.**
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS.
Conditions contributing to the death but not related to the disease or condition causing death. **Embolic Phenomanon**

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) _____ **21e. INJURY OCCURRED WHILE AT WORK? NOT WHILE AT WORK?** **21f. HOW DID INJURY OCCUR** **331X**

22. I hereby certify that I attended the deceased from **6-18, 1952** **to** **6-19, 1952**, **that I last saw the deceased alive on** **6-19, 1952**, **and that death occurred at** **9:35p m., from the causes and on the date stated above.**

23a. SIGNATURE (Degree or title) **Edna Brooks, D.O.** **23b. ADDRESS** **2601 N. Whittier St.** **23c. DATE SIGNED** **6-20-52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** **24b. DATE** **6/26, 1952** **24c. NAME OF CEMETERY OR CREMATORY** **Washington Park** **24d. LOCATION (City, town, or county) (State)** **St. Louis Co., Mo.**

DATE REC'D BY LOCAL REG. **JUN 24 1952** **REGISTRAR'S SIGNATURE** **J. Carl Smith, M.D.** **25. FUNERAL DIRECTOR'S SIGNATURE** **GATES FUNERAL HOME** **ADDRESS:** **Charles J. Gates, 4107 Finney**

G.P. (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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 4259

P. O. Address 4107 7

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.