

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **45129**  
Registrar's No. **11979**

FILED JAN 26 1952

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY								
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		<b>2217</b>						
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G. Phillips Hospital</b>			d. STREET ADDRESS (If rural, give location) <b>21 3120 Bell Avenue</b>								
3. NAME OF DECEASED (Type or Print) a. (First) <b>Julia</b>		b. (Middle)	c. (Last) <b>Tyus</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 24, 1952</b>							
5. SEX <b>Female 3</b>	6. COLOR OR RACE <b>Col</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>Aug 15 1891</b>	9. AGE (In years last birthday) <b>61</b>	<table border="1"> <tr> <td># UNDER 1 YEAR</td> <td># UNDER 1 MONTH</td> <td># UNDER 1 MIN.</td> </tr> <tr> <td><b>4</b></td> <td><b>9</b></td> <td></td> </tr> </table>	# UNDER 1 YEAR	# UNDER 1 MONTH	# UNDER 1 MIN.	<b>4</b>	<b>9</b>	
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<b>4</b>	<b>9</b>										
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Cook</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Hotel</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Elmore, Co. Ala /</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>						
13a. FATHER'S NAME <b>Phillip Jackson</b>		13b. MOTHER'S MAIDEN NAME <b>Jennie Jackson</b>		14. NAME OF HUSBAND OR WIFE <b>-</b>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>-</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mildred Powell 3120 Bell Ave</b>								
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.			<p align="center"><b>MEDICAL CERTIFICATION</b></p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Vascular Accident</b> <span style="float:right"><b>Undetermined</b></span>  ANTECEDENT CAUSES DUE TO (b) <b>Hypertension</b> DUE TO (c) <b>Generalized Arteriosclerosis</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH  <b>11</b>  <b>11</b>						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>331X</b>								
22. I hereby certify that I attended the deceased from <b>Sept. 14, 1952</b> , to <b>Dec. 24, 1952</b> , that I last saw the deceased alive on <b>Dec. 24, 1952</b> , and that death occurred at <b>5:45 A. m.</b> , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <b>Chas. P. Forde</b>		23b. ADDRESS <b>2601 N. Whittier Street</b>		23c. DATE SIGNED <b>Dec. 26, 1952</b>							
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>Dec 29 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Co. Mo</b>								
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>DEC 29 1952</b> <b>J. Earl Smith, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>J.H. Randle &amp; Son 3133 Bell Ave</b>									

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 *J. J. Watson*

Licensed Embalmer No. *2698*

P. O. Address *27690 Hawthorn*

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.