

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11758

FILED APR 10 1953

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3361**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before a. STATE Illinois b. COUNTY St. Clair (Union)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN East St. Louis, Ill <i>8120</i>	
c. LENGTH OF STAY (In this place) 2 hours		d. STREET ADDRESS (If rural, give location) 4003 Trendley Avenue <i>8</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Homer G. Phillips			

3. NAME OF DECEASED (Type or Print)	a. (First) Alberta	b. (Middle)	c. (Last) Jackson	4. DATE OF DEATH (Month) (Day) (Year) March 28 1953
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5. SEX Female <i>3</i>	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug 29, 1906	9. AGE (In years last birthday) 46	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Yazoo City, Mississippi	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Henry Brachard	13b. MOTHER'S MAIDEN NAME Alberta Richardson	14. NAME OF HUSBAND OR WIFE M. J. Jackson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME <i>M. J. Jackson</i> ADDRESS 4003 Trendley Ave. E. St. Louis, Ill.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" 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)
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? 331X

22. I hereby certify that I attended the deceased from 1906, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4003 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Albert Perry Texas Coroner</i>	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 3/30/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 30 Mar 1953	24c. NAME OF CEMETERY OR CREMATORY Douglas Cemetery	24d. LOCATION (City, town, or county) (State) East St. Louis Ill.
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DATE REC'D BY LOCAL REG. MAR 30 1953	REGISTRAR'S SIGNATURE <i>J. Cash Smith M.D. Officer</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>2114</i> ADDRESS 2114 MO. Ave. E. St. Louis, Ill.
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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 Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Ben H. Baldwin

Licensed Embalmer No.

2470

P. O. Address

East 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.