

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

FILED JUL 2 - 1953

State File No. **22910**
Registrar's No. **5864**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 5864	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis, Mo		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2119			
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Pacific Hosp.				d. STREET ADDRESS (If rural, give location) 4113 1/2 ENIGHT			
3. NAME OF DECEASED (Type or Print)		a. (First) KETHEL		b. (Middle) WILLIE		c. (Last) JACKSON	
4. DATE OF DEATH		(Month) June		(Day) 11		(Year) 1953	
5. SEX Female		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Jan 19, 1891	
9. AGE (In years last birthday) 62		# UNDER 1 YEAR Months _____		# UNDER 1 YEAR Days _____		# UNDER 1 Mo. Hours _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) LA		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME FERN HALL		14. NAME OF HUSBAND OR WIFE RICHARD			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME RICHARD JACKSON			
				ADDRESS 4113 ENIGHT			
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) Carcinoma of head of pancreas.				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) Metastasis					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Large Fibroid Uteri					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? _____			
22. I hereby certify that I attended the deceased from <u>April 27, 1953</u> , to <u>June 11, 1953</u> , that I last saw the deceased alive on <u>June 11, 1953</u> , and that death occurred at <u>6:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE Charles Thomas				(Degree or title) _____		23b. ADDRESS 1755 S. Grand	
23c. DATE SIGNED 6/12/53		23d. NAME OF CEMETERY OR CREMATORY St. Peter's		23e. LOCATION (City, town, or county) St. Louis county		(State) MO	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVE		23d. DATE 6-15-53		23e. NAME OF CEMETERY OR CREMATORY St. Peter's		23f. LOCATION (City, town, or county) St. Louis county	
23g. DATE REC'D BY LOCAL REG. JUN 12 1953		23h. REGISTRAR'S SIGNATURE Charles Smith		23i. FUNERAL DIRECTOR'S SIGNATURE MO BENNIE LOVE		ADDRESS 3103 WASHINGTON	

WRITE PLAINLY—USING 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

H B Gordon

Licensed Embalmer No. *3489*

P. O. Address *4575 Aldine*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.