

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30090

State File No. ....

FILED AUG 20 1953

7432

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. ....

|                                                                                          |  |                                                                                                                                 |                                     |
|------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY                                                           |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>MISSOURI</b><br>b. COUNTY |                                     |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>ST. LOUIS</b> |  | c. LENGTH OF STAY (In this place)                                                                                               | c. CITY OR TOWN<br><b>ST. LOUIS</b> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Homer G. Phillips Hospital</b>             |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input type="checkbox"/>       |                                     |
| e. STREET ADDRESS<br><b>6319 Alaska Ave.</b>                                             |  | (If rural, give location)                                                                                                       |                                     |

|                                                    |            |             |                             |                                                              |
|----------------------------------------------------|------------|-------------|-----------------------------|--------------------------------------------------------------|
| 3. NAME OF DECEASED (Type or Print)<br><b>MOSE</b> | a. (First) | b. (Middle) | c. (Last)<br><b>JACKSON</b> | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>July 25 1953</b> |
|----------------------------------------------------|------------|-------------|-----------------------------|--------------------------------------------------------------|

|                         |                                    |                                                                          |                                         |                                              |                                    |                                               |
|-------------------------|------------------------------------|--------------------------------------------------------------------------|-----------------------------------------|----------------------------------------------|------------------------------------|-----------------------------------------------|
| 5. SEX<br><b>Male 2</b> | 6. COLOR OR RACE<br><b>Colored</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b> | 8. DATE OF BIRTH<br><b>Dec. 2, 1876</b> | 9. AGE (In years last birthday)<br><b>76</b> | IF UNDER 1 YEAR Months<br><b>7</b> | IF UNDER 24 HRS. Days Hours Min.<br><b>22</b> |
|-------------------------|------------------------------------|--------------------------------------------------------------------------|-----------------------------------------|----------------------------------------------|------------------------------------|-----------------------------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Pullman Porter - Retired</b> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>Texas</b> | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b> |
|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|--------------------------------------------------------------------|-----------------------------------------------|

|                                           |                                               |                                                       |
|-------------------------------------------|-----------------------------------------------|-------------------------------------------------------|
| 13a. FATHER'S NAME<br><b>Mose Jackson</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Rebecca ?</b> | 14. NAME OF HUSBAND OR WIFE<br><b>Lucy B. Jackson</b> |
|-------------------------------------------|-----------------------------------------------|-------------------------------------------------------|

|                                                                                                                       |                         |                                                             |                                    |
|-----------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------------------------------------------|------------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b> | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME<br><b>Lucy B. Jackson</b> | ADDRESS<br><b>6319 Alaska Ave.</b> |
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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION                                                                                                                                                                                                                                               |  | INTERVAL BETWEEN ONSET AND DEATH |
|                                                                                                                                                                                                                                 | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Subdural hemorrhage involving frontal lobe (ruptured blood vessel of Willis) when he fell striking his head on the concrete sidewalk at the south east corner of Louisiana and Iron St., July 17 1953</b> |  |                                  |
|                                                                                                                                                                                                                                 | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death                                                                                                                                  |  |                                  |

|                        |                                                                    |                                                                                     |
|------------------------|--------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION<br><b>about 745 p.m. Accident</b> | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
|------------------------|--------------------------------------------------------------------|-------------------------------------------------------------------------------------|

|                                            |                                                                                                           |                                                                          |
|--------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| 21a. ACCIDENT (Specify)<br><b>Accident</b> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><b>Street</b> | 21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE)<br><b>St. Louis Mo 00</b> |
|--------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|

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|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|--------------------------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)<br><b>July 17 53 7:45 p.m.</b> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR?<br><b>E9035</b> |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|--------------------------------------------|

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 **11:10 p.m.**, from the causes and on the date stated above. **44**

|                                            |                                     |                                   |                                    |
|--------------------------------------------|-------------------------------------|-----------------------------------|------------------------------------|
| 22a. SIGNATURE<br><b>Patrick E. Taylor</b> | (Degree or title)<br><b>Coroner</b> | 23b. ADDRESS<br><b>1300 Clark</b> | 23c. DATE SIGNED<br><b>7-30-53</b> |
|--------------------------------------------|-------------------------------------|-----------------------------------|------------------------------------|

|                                                             |                                  |                                                          |                                                                              |
|-------------------------------------------------------------|----------------------------------|----------------------------------------------------------|------------------------------------------------------------------------------|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b> | 24b. DATE<br><b>Aug. 1, 1953</b> | 24c. NAME OF CEMETERY OR CREMATORY<br><b>St. Peter's</b> | 24d. LOCATION (City, town, or county) (State)<br><b>St. Louis County Mo.</b> |
|-------------------------------------------------------------|----------------------------------|----------------------------------------------------------|------------------------------------------------------------------------------|

|                                                |                                               |                                                                   |                                  |
|------------------------------------------------|-----------------------------------------------|-------------------------------------------------------------------|----------------------------------|
| DATE REC'D BY LOCAL REG.<br><b>JUL 30 1953</b> | REGISTRAR'S SIGNATURE<br><b>Carl Smith mo</b> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>J. H. Randle &amp; Son</b> | ADDRESS<br><b>3133 Bell Ave.</b> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....  
Signature of Student Embalmer

Signed..... 

Licensed Embalmer No. 269

P. O. Address 2769th

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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