

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

FILED OCT 30 1953

State File No. **37300**  
Registrar's No. **10191**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b>		c. LENGTH OF STAY (in this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		2129			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>822 N Theresa Ave.</b>			d. STREET ADDRESS (If rural, give location) <b>4559 A. Mc Millian</b> 12					
3. NAME OF DECEASED a. (First) <b>Mollie</b>			b. (Middle) <b>B.</b>		c. (Last) <b>Jackson</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Oct, 25, 1953.</b>	
5. SEX <b>Female 3</b>	6. COLOR OR RACE <b>Col.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed 2</b>		8. DATE OF BIRTH <b>Nov. 15, 1892</b>		9. AGE (In years) (Months) (Days) (Hours) (Min.) <b>60 11 10</b>	IF UNDER 1 YEAR IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Nil.</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>Pine Buff, Ark.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA.</b>		
13a. FATHER'S NAME <b>O. Taylor</b>		13b. MOTHER'S MAIDEN NAME <b>Elnora Howard</b>		14. NAME OF HUSBAND OR WIFE <b>None</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>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Pinke Cones</b> ADDRESS <b>822 N. Theresa 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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Apoplexy</b> ANTECEDENT CAUSES <b>Hypertension</b> DUE TO (b) _____ DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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>1 day</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input 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) _____		334X		
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 <b>Oct 19 1953</b> , to <b>Oct 25 1953</b> , that I last saw the deceased alive on _____, 19____, and that death occurred at <b>6 P</b> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <b>Walter A. Young MD</b>			23b. ADDRESS <b>2337 Market St.</b>			23c. DATE SIGNED <b>10-27-53</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Oct, 30, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Greenwood Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Co. Mo.</b>			
DATE REC'D BY LOCAL REG. <b>OCT 27 1953</b>		REGISTRAR'S SIGNATURE <b>Carl Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Wright Funeral Home</b> ADDRESS <b>3100 Easton Ave.</b>				

(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 Arthur L. Heilliard

Licensed Embalmer No. 4221

P. O. Address 4524 Alden

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

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