

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45369

State File No. _____

FILED JAN 19 1954

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

Registrar's No. 12111

1. PLACE OF DEATH a. COUNTY <u>3</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>MO</u> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		2239
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>in route to Home S. Phillips</u>			d. STREET ADDRESS (If rural, give location) <u>23 1541 S. 2nd St</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Clifton</u> b. (Middle) <u>Jackson</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>12 19 53</u>		
5. SEX <u>Male</u>	6. COLOR OF RACE <u>negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb 25 1900</u>		9. AGE (In years last birthday) Months Days <u>53</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>petter</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>UNKNOWN</u>		12. CITIZEN OF WHAT COUNTRY? <u>?</u>
13a. FATHER'S NAME <u>Just Jackson</u>		13b. MOTHER'S MAIDEN NAME <u>Hattie Spencer</u>		14. NAME OF HUSBAND OR WIFE <u>Unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>489-22-1685</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Hattie Jackson 1541 S. 2nd St</u>		
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, ashenia, etc. It means the disease, injury, or complication which caused death.			1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hepatorenal Failure</u> DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>583X</u>		
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 <u>12:10 Am.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Walter Spencer Clifton</u>			23b. ADDRESS <u>7300 Clark Ave.</u>		23c. DATE SIGNED <u>12/21/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12 24 53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>		24d. LOCATION (City, town, or county) (State) <u>9900 National Bldg. MO</u>
DATE REC'D BY LOCAL REG. <u>DEC 23 1953</u>		REGISTRAR'S SIGNATURE <u>W.C. Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W.C. Burke 3506 Franklin</u>	

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

Leroy H. Bannister

Licensed Embalmer No. 4523

P. O. Address 3880 Epton Ave

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.