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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10145

BIRTH NO. FILED MAR 25 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2375

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS, MISSOURI
c. LENGTH OF STAY (In this place): 1hr 10MINS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. LOUIS MATERNITY HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: St.Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CHESTERFIELD 474 0 1
d. STREET ADDRESS (If rural, give location): RURAL ROUTE #2

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): SAMMIE ELIZABETH JACKSON

4. DATE OF DEATH (Month) (Day) (Year): 3-13-54

5. SEX: FEMALE /
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED /
8. DATE OF BIRTH: Sept. 3, 1911
9. AGE (In years last birthday): 42 — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): hwf
10b. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (State or foreign country): BARTMAN COUNTY, TENN. /
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Samuel Martindale
13b. MOTHER'S MAIDEN NAME: Jennie Delk
14. NAME OF HUSBAND OR WIFE: GLEN C. JACKSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S SIGNATURE OR NAME: GLEN C. JACKSON
ADDRESS: RT#2, CHESTERFIELD, MO.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Epidermoid Carcinoma of Cervix Stage IV c̄ metastasis — 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.* acute pyelo nephritis Hydro nephrosis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: 171X

22. *I hereby certify that I attended the deceased from* 3-13-54, *19*____, *to* 3-13-54, *19* 54, *that I last saw the deceased alive on* 3-13-54, *19*____, *and that death occurred at* 4:35P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Willard M. Allen M.D.
23b. ADDRESS: 630 S. KINGSHIGHWAY BLVD
23c. DATE SIGNED: 3-14-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 3-17-1954
24c. NAME OF CEMETERY OR CREMATORY: Dyersburg Tenn.
24d. LOCATION (City, town, or county) (State): Dyresburg, Tennessee

DATE REC'D BY LOCAL REG.: MAR 15 1954
REGISTRAR'S SIGNATURE: VIA RAIL J. Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE: Math. Hermann & Son Inc.
ADDRESS: 2161 E. Fair Ave.

(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 _____

_____

working under my personal supervision.

Student Embalmer No. _____

Signed Glen W. Hay

Signed _____
Student Embalmer

Licensed Embalmer No. 3737

P. O. Address St. Louis, Miss

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

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