

FILED APR 26 1954

STANDARD CERTIFICATE OF DEATH

State File No. **13609**  
Registrar's No. **3327**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis, Mo.</b>		c. LENGTH OF STAY (In this place) <b>St. Louis</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>		e. STREET ADDRESS (If rural, give location) <b>3716 Cook Ave.</b>	

3. NAME OF DECEASED (Type or Print) <b>Holley May Jackson</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>4 10 1954</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 16, 1903</b>	9. AGE (In years last birthday) <b>50</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Wrapper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Sonnenfelds</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>?, Tennessee</b>	

13a. FATHER'S NAME <b>Charlie Dickson</b>	13b. MOTHER'S MAIDEN NAME <b>Lue Hughes</b>	14. NAME OF HUSBAND OR WIFE <b>Norman Jackson</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no none</b>	16. SOCIAL SECURITY NO. <b>493-01-5006</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Norman Jackson 3716 Cook Ave.</b>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hepatic Coma</b>		<b>6 hrs.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cirrhosis of Liver</b> DUE TO (c)		<b>3 yrs.</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. 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)
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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? <b>581.0</b>
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22. I hereby certify that I attended the deceased from **4-5**, 19**54**, to **4-10**, 19**54**, that I last saw the deceased alive on **4-10**, 19**54**, and that death occurred at **10:55 am.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Thomas J. Walsh</b>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>BARNES HOSPITAL</b>	23c. DATE SIGNED <b>4-14-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>4/15/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>APR 14 1954</b>	REGISTRAR'S SIGNATURE <b>J. C. Smith MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C.W. Roberts 1416 N. Taylor Ave.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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.....  
*James A. Carter*

Licensed Embalmer No. *246*

P. O. Address *St. Louis*

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.