

STANDARD CERTIFICATE OF DEATH

State File No. 20700

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 5232

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|---|--|--|--|--|--|---|--|
| BIRTH NO. | | REG. DIST. NO. | | PRIMARY REG. DIST. NO. | | Registrar's No. | |
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) | | | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis | | | | c. CITY OR TOWN St. Louis | | d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. LENGTH OF STAY (In this place) 0 | | | | e. STREET ADDRESS (If rural, give location) 3636 Page | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) Nora | | b. (Middle) | | c. (Last) Jackson | |
| 4. DATE OF DEATH | | (Month) 6 | | (Day) 8 | | (Year) 54 | |
| 5. SEX Female 3 | | 6. COLOR OR RACE Negro | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2 | | 8. DATE OF BIRTH 2-27-1863 | |
| 9. AGE (In years last birthday) 91 | | 10. UNDER 1 YEAR Months | | 11. UNDER 1 YEAR Days | | 12. UNDER 1 MIN. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) nil | | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) ? Kentucky / | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | | | 13a. FATHER'S NAME John McGee | | 13b. MOTHER'S MAIDEN NAME unknown | |
| 14. NAME OF HUSBAND OR WIFE William Jackson | | | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. none | |
| 17. INFORMANT'S SIGNATURE OR NAME Richard Jackson, New York, N.Y. | | | | 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | 19. INTERVAL BETWEEN ONSET AND DEATH Undt. | |
| MEDICAL CERTIFICATION | | | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease | | INTERVAL BETWEEN ONSET AND DEATH Undt. | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused 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. Auricular Fibrillation | | | |
| 19a. DATE OF OPERATION | | | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? 4200 | | | |
| 22. I hereby certify that I attended the deceased from 6-5, 1954, to 6-8, 1954, that I last saw the deceased alive on 6-8, 1954, and that death occurred at 6:00P m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) E. B. Williams, M.D. | | | | 23b. ADDRESS 2601 N. Whittier | | 23c. DATE SIGNED 6-9-54 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) removal | | 24b. DATE 6-12-54 | | 24c. NAME OF CEMETERY OR CREMATORY Washington Park | | 24d. LOCATION (City, town, or county) (State) St. Louis County, Mo | |
| DATE REC'D BY LOCAL REG. JUN 11 1954 | | REGISTRAR'S SIGNATURE Carl Smith | | 25. FUNERAL DIRECTOR'S SIGNATURE Russell Unit., Co. | | ADDRESS 2732 Pine Blvd. | |

(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.....
Signature of Student Embalmer

Signed *James A. Carter*
Licensed Embalmer No. *11111*
P. O. Address *11111*

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.