

FILED JUL 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24721

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6218

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri c. LENGTH OF STAY (In this place) 4 Days
c. CITY OR TOWN ST. LOUIS, MO. d. Is Residence within limits of a city or incorporated town? Yes No
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION ST. JOHN'S HOSPITAL
e. STREET ADDRESS (If rural, give location) 3947 RUSSELL 2179

3. NAME OF DECEASED (Type or Print) a. (First) GRACE b. (Middle) _____ c. (Last) JACKSON
4. DATE OF DEATH (Month) (Day) (Year) JULY 7, 1954

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH July 26, 1894 9. AGE (In years last birthday) 59
UNDER 1 YEAR Months _____ # UNDER 6 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (City and State or Foreign Country) Phelps County, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Daniel Stulce 13b. MOTHER'S MAIDEN NAME Mollie Mosier 14. NAME OF HUSBAND OR WIFE Rado Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. _____
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Rado Jackson, 3947 Russell, St. Louis, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cerebrovascular vessel (Embolic)
ANTECEDENT CAUSES Hypertension, arteriosclerosis & chronic heart disease & coronary thrombosis
DUE TO (b) arteriosclerosis & thrombosis
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH 4 days
2 years

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) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
21f. HOW DID INJURY OCCUR? _____ 443X

22. I hereby certify that I attended the deceased from July 4, 1954, to July 7, 1954, that I last saw the deceased alive on July 7, 1954, and that death occurred at 5:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Foster A. Dell M.D. 23b. ADDRESS 7346 Manchester Maplewood 17, Mo. 23c. DATE SIGNED 7-9-54

24a. BURIAL, CREMATION, REMOVAL Removal 24b. DATE July 10, 1954 24c. NAME OF CEMETERY OR CREMATORY Lakewood Park Cemetery 24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri

DATE REC'D BY LOCAL REG. JUL 9 1954 REGISTRAR'S SIGNATURE J. Carl Smith M.D. 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McLaughlin Funeral Home, Inc. 2301 Lafayette, St. Louis 4, Missouri

m8B

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 *A. Y. Farris*.....

Licensed Embalmer No. *330*.....

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.