

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY Wayne	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. CITY OR TOWN Fairfield	
c. LENGTH OF STAY (in this place)		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 Enroute City Hospital		e. STREET ADDRESS (If rural, give location) 812 9	
3. NAME OF DECEASED a. (First) Patrice		b. (Middle) J.	
c. (Last) Jackson		4. DATE OF DEATH (Month) (Day) (Year) Oct. 13 54	
5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 3 1932	
9. AGE (In years last birthday) 22		10. IF UNDER 1 YEAR Months Days	
11. IF UNDER 1 HR. Hours Mins.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Saleslady		10b. KIND OF BUSINESS OR INDUSTRY Book Store	
11. BIRTHPLACE (City and State or Foreign Country) Fairfield Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Dellos Wagner		13b. MOTHER'S MAIDEN NAME Rachel Bowman	
14. NAME OF HUSBAND OR WIFE Earl W. Jackson		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No	
16. SOCIAL SECURITY NO. 326-26-5260		17. INFORMANT'S SIGNATURE OR NAME Mrs. Elmer W. Jackson	
ADDRESS Fairfield Ill.		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subarachnoid hemorrhage of Brain. (Traumatic). True.		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Cause, Place and manner of cause could not be determined.		DUE TO (b)	
II. OTHER SIGNIFICANT CONDITIONS Diseases contributing to the above cause related to the disease or condition causing death. Disease was found dead on train at Union Station about 7:25 am., Oct 13 1954.		19. DATE OF OPERATION	
19b. MAJOR FINDINGS OF OPERATION Open Verdict		19c. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENTS (Specify) Open Verdict		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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 000	
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 8:00 a.m., from the causes and on the date stated above. 47			
23a. SIGNATURE Patrice C. Taylor Bennett		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 10. 14. 54.		24a. BURIAL, CREMATION, REMOVAL Removal	
24b. DATE 10-14-54		24c. NAME OF CEMETERY OR CREMATORY Local	
24d. LOCATION (City, town, or county) (State) Fairfield Ill.		DATE REC'D BY LOCAL REG. OCT 14 1954	
REGISTRAR'S SIGNATURE J. Carl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS A.H. Hoppe 4704 Washington Ave.	

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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, ~~by~~....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Etton H. Remelero*.....

Licensed Embalmer No. *428*

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.