

FILED OCT 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35518

State File No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8735

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 c. LENGTH OF STAY (in this place) _____ c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital e. STREET ADDRESS (If rural, give location) 21 3121 Evans Ave. 2210

3. NAME OF DECEASED a. (First) Thomas b. (Middle) _____ c. (Last) Jackson 4. DATE OF DEATH (Month) (Day) (Year) 9 21 54

5. SEX M 6. COLOR OR RACE 2 Negro 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH April 25, 1896 9. AGE (In years last birthday) (Months) (Days) (If under 1 year) (If under 1 min.) 58 6 6

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Hatchman 10b. KIND OF BUSINESS OR INDUSTRY Produce Row 11. BIRTHPLACE (City and State or Foreign Country) Henderson, Ky 12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME Unknown 13b. MOTHER'S MAIDEN NAME None 14. NAME OF HUSBAND OR WIFE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No 16. SOCIAL SECURITY NO. 488-10-8347 17. INFORMANT'S SIGNATURE OR NAME Gene Benson ADDRESS 3121 Evans

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Urethral Stricture; Prostatic Hyperplasia 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 DUE TO (b) _____
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS Hematuria; Chronic Urinary Retention
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 NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ 21b. PLACE OF INJURY (a.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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? 610X

22. I hereby certify that I attended the deceased from 9-18, 1954, to 9-21, 1954, that I last saw the deceased alive on 9-21, 1954, and that death occurred at 11:00P., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Merle B. Herriford M.D. 23b. ADDRESS 2601 N. Whittier 23c. DATE SIGNED 9-29-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE Sept. 30, 1954 24c. NAME OF CEMETERY OR CREMATORY Oakdale 24d. LOCATION (City, town, or county) (State) Jenney Mo

DATE REC'D BY LOCAL REG. Sep 25, 1954 REGISTRAR'S SIGNATURE J. Carl Smith 25. FUNERAL DIRECTOR'S SIGNATURE E. B. Kasser ADDRESS 221 N Grand

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.....
Rayton J. ...

Licensed Embalmer No...*458*...

P. O. Address *1221 Gray*.....

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.