

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38878**

FILED NOV 22 1954

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

Registrar's No. **9950**

WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (Outside corporate limits, write RURAL and give township) OR TOWN St Louis		c. CITY OR TOWN St Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Found Dead		e. STREET ADDRESS (If rural, give location) 4443 Kennedy 2119	
3. NAME OF DECEASED (Type or Print) a. (First) CLARENCE		b. (Middle) JACKSON	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Oct 22 1954	
5. SEX Male	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 11 Mar 1895
9. AGE (In years) (Month) (Day) 58	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and State or Foreign Country) El Paso Texas
12. CITIZEN OF WHAT COUNTRY U.S.A		13a. FATHER'S NAME Albion Jackson	
13b. MOTHER'S MAIDEN NAME Bledy Wales		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or Unknown) No		16. SOCIAL SECURITY NO. ---	
17. INFORMANT'S SIGNATURE OR NAME Clarence Jackson, Jr. U.S Army		ADDRESS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		INTERVAL BETWEEN ONSET AND DEATH	
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbidity 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.		19a. DATE OF OPERATION	
19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4201	
22. I hereby certify that I attended the deceased from 19 to 19 , that I last saw the deceased alive on 4-25-19 , and that death occurred at 4:25 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Samuel R. Taylor Currier		23b. ADDRESS 300 Clark	
23c. DATE SIGNED 11/3/54		24. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 2 Mar 54		24c. NAME OF CEMETERY OR CREMATORY Oakdale	
24d. LOCATION (City, town, or county) (State) St Louis Co Mo		DATE REC'D BY LOCAL REG. NOV 3 1954	
REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Reliable Funerals	
ADDRESS m.j.b. (Licensed Embalmer's Statement on Reverse Side)		ADDRESS 1221 N Tqln	

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 *Paul V Freeman*

Licensed Embalmer No. *4681*

P. O. Address *4729 Hamme*

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.